



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
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AUG 08 2013

REPLY TO THE ATTENTION OF:

Scott J. Nally
Director
Ohio Environmental Protection Agency
P.O. Box 1049
50 West Town Street, Suite 700
Columbus, Ohio 43216

Dear Mr. Nally:

The U.S. Environmental Protection Agency would like to thank you and your staff for participating in our enforcement program review of the Clean Air Act Stationary Source program, Clean Water Act National Pollutant Discharge Elimination System program, and Resource Conservation and Recovery Act Subtitle C hazardous waste program. We appreciate your staff's cooperation and assistance during this review.

Please find enclosed the final enforcement review report, which contains an executive summary, as well as detailed findings and recommendations concerning Ohio Environmental Protection Agency's (OEPA) enforcement programs. We used an analysis of OEPA data and reviews of OEPA's case files, in addition to feedback from OEPA on the draft report, to develop the final report. As you can see, both agencies have committed to follow-up actions in many areas.

If you have any questions, please contact me at 312-886-3000 or Alan Walts, Director, Office of Enforcement and Compliance Assistance, at 312-353-8894 or walts.alan@epa.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bharat Mathur".

Bharat Mathur
Deputy Regional Administrator

Enclosure

STATE REVIEW FRAMEWORK

Ohio

**Clean Water Act, Clean Air Act, and
Resource Conservation and Recovery Act
Implementation in Federal Fiscal Year 2011**

**U.S. Environmental Protection Agency
Region 5, Chicago**

**Final Report
August 6, 2013**

SRF Executive Summary

Introduction

State Review Framework (SRF) oversight reviews of the Ohio Environmental Protection Agency (OEPA) were conducted August through October 2012 by EPA Region 5 permitting and enforcement staff.

The Clean Water Act National Pollutant Discharge Elimination System (CWA-NPDES) program was reviewed under both SRF and PQR. The Clean Air Act (CAA) Stationary Source and Resource Conservation and Recovery Act (RCRA) Subtitle C programs were reviewed only under SRF.

SRF findings are based on file metrics derived from file reviews, data metrics, and conversations with program staff.

Priority Issues to Address

The following are the top priority issues affecting the state's program performance:

- CAA – The Region found that a number of HPVs are being resolved by OEPA through a permit modification/revision. HPV cases should be resolved through a formal enforcement action per the HPV policy.
- CWA - The Region found that OEPA is not identifying or entering Single Event Violations (SEVs), and is not accurately identifying them as Significant Non-Compliance (SNC) or non-SNC. This deficiency may have a significant impact on OEPA's SNC rate which is moderately worse than the National Average.

Major SRF CWA-NPDES Program Findings

- Inspection reports were missing, incomplete or did not provide sufficient information to determine compliance. The Region believes that OEPA should standardize its inspection report process to include minimal required information, checklists and mandatory location (electronic or paper) for official report.
- The Region found that OEPA is not identifying or entering SEVs, and is not accurately identifying them as SNC or non-SNC. This deficiency may have a significant impact on OEPA's SNC rate which is moderately worse than the National Average.
- The Region found that OEPA is not responding to facilities with significant violations in a timely or appropriate manner. It is the Region's recommendation that OEPA develop a plan to expeditiously identify significant violations and initiate appropriate enforcement actions consistent with the National SNC guidance.

Major SRF CAA Stationary Source Program Findings

- OEPA should ensure that before a permit modification (e.g. raising of a permit limit) is made in response to addressing a violation, that all possible attempts to meet the permit requirement have been made by the source. This requires, in most cases, process and control device improvements at the source prior to performing the “retest” performance evaluation. In no instance should a permit be modified without an attempt to both reduce emissions and perform a retest. The Region recommends OEPA create a list of all current HPV cases for which a permit modification is part of the response to addressing a violation, and provide a narrative explanation of: 1) the improvements and modifications the source performed to reduce emissions after the first evidence of violation, and 2) the justification for modifying the permit.
- OEPA is inaccurately reporting a number of Minimum Data Requirements (MDRs) in the Air Facility System (AFS). The reporting of High Priority Violations (HPVs) identified should be linked in a single HPV pathway relating to that specific violation identified. Progress will be monitored by Region 5 through monthly conference calls and steps will be taken as necessary to review implementation of recommended actions.
- There is no consistency within the OEPA (Central Office, district offices and local agencies) in the usage of the Compliance Monitoring Report form. This same finding and recommendation was made during Round 2 SRF, however, the issue has not been resolved. The Region recommends OEPA ensure that Appendix N, FCE form, is used by all inspectors and provide inspection staff guidance on FCE and CMR completeness.

Major SRF RCRA Subtitle C Program Findings

- OEPA incorporates the inspection documentation and observations into the letters sent to the inspected site rather than an independent report. Some of those letters did not contain complete inspection observations, and were not sent within the OEPA timeliness guideline of 21 days. This remains an issue from OEPA’s Round 1 SRF. Progress will be monitored through annual file audits by the region and steps will be taken as necessary to review implementation of recommended actions.
- OEPA appropriately identified significant noncompliance (SNC) in all of the files reviewed for the 2011 review period, but did not always enter a SNC determination into the RCRAInfo database in a timely manner. By 60 days of the final report, OEPA will update its standard operating procedures and provide training to staff regarding SNC determination entry into RCRAInfo. Progress will be monitored through annual file audits by the region and steps will be taken as necessary to review implementation of recommended actions.

Major Follow-Up Actions

Recommendations and actions identified from the SRF review will be tracked in the SRF Tracker.

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State Review Framework

I. Background on the State Review Framework

The State Review Framework (SRF) is designed to ensure that EPA conducts nationally consistent oversight. It reviews the following local, state, and EPA compliance and enforcement programs:

- Clean Air Act Stationary Source
- Clean Water Act National Pollutant Discharge Elimination System
- Resource Conservation and Recovery Act Subtitle C

Reviews cover these program areas:

- Data — completeness, timeliness, and quality
- Compliance monitoring — inspection coverage, inspection quality, identification of violations, meeting commitments
- Enforcement actions — appropriateness and timeliness, returning facilities to compliance
- Penalties — calculation, assessment, and collection

Reviews are conducted in three phases:

- Analyzing information from the national data systems
- Reviewing a limited set of state files
- Development of findings and recommendations

Consultation is also built into the process. This ensures that EPA and the state understand the causes of issues and seek agreement on actions needed to address them.

SRF reports are designed to capture the information and agreements developed during the review process in order to facilitate program improvements. EPA also uses the information in the reports to develop a better understanding of enforcement and compliance nationwide, and to identify any issues that require a national response.

Reports provide factual information. They do not include determinations of overall program adequacy, nor are they used to compare or rank state programs.

Each state's programs are reviewed once every four years. The first round of SRF reviews began in FY 2004. The third round of reviews began in FY 2012 and will continue through FY 2016.

II. SRF Review Process

Review period: FY 2011

Key dates:

- Kickoff letter sent to state: August 9, 2012
- Kickoff meeting conducted: August 29, 2012
- Data metric analysis and file selection list sent to state: September 1, 2012
- On-site file review conducted: August – October 2012
- Draft report sent to state: June 6, 2013
- Report finalized: August 6, 2013

Communication with the state: Throughout the SRF process, Region 5 communicated with OEPA through official letters sent to the OEPA Director (attached in Appendix F) and continual conversations via phone and email. During the Opening Meeting, Region 5 presented a brief training of SRF Round 3 procedures and discussed issues and timelines for implementation in Ohio. In regard to file reviews, Region 5 opened the file reviews with a meeting with OEPA personnel to discuss the file review steps and all file reviews closed with a discussion of initial review results.

State and EPA regional lead contacts for review:

- SRF - Stephanie Cheaney/R5 (312-886-3509), Andy Anderson/R5 (312-353-9681), Brian Cook/OEPA (614-644-2782)
- CAA - Rochelle Marceillars/R5 (312-353-4370), Shilpa Patel/R5 (312-353-4370), Kevin Vuilleumier/R5 (312-886-6188), Bruce Weinberg/OEPA (614-644-3752), John Paulian/OEPA (614-644-4832), Mike VanMatre/OEPA (614-728-1349), Drew Bergman/OEPA (614-644-2120)
- CWA - Ken Gunter/R5 (312-353-9076), Rhiannon Dee/R5 (312-886-4882), James Coleman/R5 (312-886-0148), Mark Mann/OEPA (614-644-2023), Paul Novak/OEPA (614-644-2035), Bill Feischbein/OEPA (614-644-2853), George Elmaraghy/OEPA (614-644-2041)
- RCRA - Mike Cunningham/R5 (312-886-4464), Bruce McCoy/OEPA (614-728-5345), Todd Anderson/OEPA (614-644-2840), Pamela Allen/OEPA (614-644-2980)

III. SRF Findings

Findings represent EPA's conclusions regarding state performance, and may be based on:

- Initial findings made during the data and/or file reviews
- Annual data metric reviews conducted since the state's Round 2 SRF review
- Follow-up conversations with state agency personnel
- Additional information collected to determine an issue's severity and root causes
- Review of previous SRF reports, MOAs, and other data sources

There are four types of findings:

Good Practice: Activities, processes, or policies that the SRF metrics show are being implemented at the level of Meets Expectations, **and** are innovative and noteworthy, **and** can serve as models for other states. The explanation must discuss these innovative and noteworthy activities in detail. Furthermore, the state should be able to maintain high performance.

Meets Expectations: Describes a situation where either: a) no performance deficiencies are identified, or b) single or infrequent deficiencies are identified that do not constitute a pattern **or** problem. Generally, states are meeting expectations when falling between 91 to 100 percent of a national goal. The state is expected to maintain high performance.

Area for State Attention: The state has single or infrequent deficiencies that constitute a minor pattern or problem that does not pose a risk to human health or the environment. Generally, performance requires state attention when the state falls between 85 to 90 percent of a national goal. The state should correct these issues without additional EPA oversight. The state is expected to improve and achieve high performance. EPA may make recommendations to improve performance but they will not be monitored for completion.

Area for State Improvement: Activities, processes, or policies that SRF data and/or file metrics show as major problems requiring EPA oversight. These will generally be significant recurrent issues. However, there may be instances where single or infrequent cases reflect a major problem, particularly in instances where the total number of facilities under consideration is small. Generally, performance requires state improvement when the state falls below 85 percent of a national goal. Recommendations are required to address the root causes of these problems, and they must have well-defined timelines and milestones for completion. Recommendations will be monitored in the SRF Tracker.

Clean Water Act Findings

Element 1 — Data Completeness: Completeness of Minimum Data Requirements.

Finding	Area for State Attention
Description	<p>Review of the fifteen data metrics under Element 1 shows that fourteen of the minimum data requirements (MDRs) were complete. One MDR was found to be incomplete.</p> <p>Completeness of information entered into the Integrated Compliance Information System (ICIS)-NPDES was reviewed for: active facility universe counts for all NPDES permit types including individual and general permits for major and non-major facilities; major permit limits and discharge monitoring reports (DMRs); major facilities with a manual override of reportable noncompliance/significant noncompliance (RNC/SNC) to compliant status; non-major permit limits and discharge monitoring reports (DMRs); informal action counts; formal action counts; and assessed penalties.</p>
Explanation	<p>Although Data Metric 1A4 indicates one active NPDES non-majors with general permits, in reality, there are over 20,000 General Permits included as part of the universe of active NPDES non-Majors along with 3,095 individual permits. At any rate, the State entry of permit information and tracking of violations for the 20,000 general permits is encouraged but not required.</p> <p>The Region recommends OEPA enter general permits and subsequent inspections and enforcement into ICIS.</p> <p>This finding is only an Area for State Attention because the Region believes that OEPA can improve performance in this area on its own without a recommendation.</p>
Relevant metrics	Data Metric 1A4 – One active NPDES non-major with general permits. See Data Metric Analysis table.
State response	<p>OEPA is currently unable to upload some large volume general NPDES permits to the ICIS-NPDES database. A project to correct that shortfall is underway. This upgrade project is expected to be completed in 2016. OEPA is committed to completing the project which will fulfill general permit data entry into ICIS-NPDES.</p>
Recommendation	No action needed.

Element 2 — Data Accuracy: Accuracy of Minimum Data Requirements.

Finding	Area for State Improvement
Description	Three of seven formal enforcement actions were linked to the violations that the actions addressed. Twenty-nine of 40 reviewed files (72.5%) accurately reflected data reported to the national data systems.
Explanation	<p>Data in eleven of the 40 files reviewed were inaccurately reflected in the Online Tracking Information System (OTIS). Examples of inaccuracies noted are: 1) two files had no reported NOV dates; 2) four files had an incorrect notice of violation (NOV) date reported; 3) two files had incorrect facility names reported; 4) one file did not have penalty data; and 5) two files had incorrect inspection code indicated.</p> <p>A similar finding was noted in OEPA’s Round 1 SRF report and remains an issue.</p>
Relevant metrics	<p>Data Metric 2A1 – Three formal enforcement actions taken against major facilities with enforcement violation type codes entered.</p> <p>File Metric 2B – 29 of 40 (72.5%) files reviewed where data are accurately reflected in the national data system.</p>
State response	State did not provide a comment.
Recommendation	<ul style="list-style-type: none">• By 60 days of the final report, OEPA should review current data entry procedures to reconcile issues found in this review as well as provide new or updated written procedures and training to staff to resolve data entry problems.• Progress will be monitored by Region 5 through OTIS quarterly data pulls and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 3 — Timeliness of Data Entry: Timely entry of Minimum Data Requirements.

Finding	Area for State Attention
Description	Thirty-four of 40 reviewed files (85.0%) demonstrated that mandatory data were entered in the national data system in a timely manner.
Explanation	<p>It is important that data is entered in a timely manner to ensure transparency for the public, regulated community, and national CWA planning.</p> <p>This finding is only an Area for State Attention because the Region believes that OEPA can improve performance in this area on its own without a recommendation.</p>
Relevant metrics	File Metric 3A – 34 of 40 (85.0%) timeliness of mandatory data entered in the national data system.
State response	The 85% timely entry statistic resulted from a short term staffing issue and software interface issues with ICIS/Permit Compliance System (PCS). These issues have been addressed and all data is now timely entered.
Recommendation	No action needed.

Element 4 — Completion of Commitments: Meeting all enforcement and compliance commitments made in state/EPA agreements.

Finding	Area for State Improvement
Description	OEPA met ten of 11 inspection commitments (90.9%) per the negotiated state-specific Compliance Monitoring Strategy (CMS) Plan. OEPA met four of five CWA compliance and enforcement commitments (80.0%) other than CMS commitments.
Explanation	OEPA did not meet the major Combined Sewer Overflow (CSO) inspection CMS commitment nor all DMR entries, a non-CMS commitment.
Relevant metrics	<p>Metric 4A1 – 65 of 48 (135.4%) pretreatment compliance inspections.</p> <p>Metric 4A2 - 89 of 60 (148.3%) Significant Industrial Users (SIUs) by non-authorized POTWs.</p> <p>Metric 4A3 – 28 of 21 (133.3%) SIU inspections by approved Publicly Owned Treatment Works (POTWs).</p> <p>Metric 4A4 – 10 of 26 (38.5%) major CSO inspections.</p> <p>Metric 4A5 – No SSOs evaluated as part of Compliance Evaluation Inspections (CEI) commitment.</p> <p>Metric 4A6 – 1 of 1 (100%) Phase I municipal separate storm sewer systems (MS4) inspection.</p> <p>Metric 4A7 – 85 Phase II MS4 inspections.</p> <p>Metric 4A8 – 298 of 291 (102.4%) Industrial stormwater inspections.</p> <p>Metric 4A9 – 1860 of 1117 (166.5%) Phase I & II stormwater construction inspections.</p> <p>Metric 4A10 – 12 of 7 (171.4%) large & medium NPDES-permitted CAFOs.</p> <p>Metric 4A11 – 2 inspections of non-permitted CAFOs. No Concentrated Animal Feeding Operation (CAFO) inspection commitment.</p> <p>Metric 4B – 4 of 5 (80.0%) planned commitments completed</p>
State response	<p>OEPA develops a state specific CMS each year and will continue to do so. OEPA exceeded by a significant percentage the CMS commitments for metrics 4A1, 4A2, 4A3, 4A9, and 4A10 and met the commitment for 4A6 and 4A8. The only metric not met was the 10 of 26 (38.5%) for CSO inspections. That CSO commitment was not met due to short term staff turnover that year. New staff members have been hired and the shortfall addressed.</p> <p>OEPA does not agree with the finding that it met 4 of 5 planned commitments other than CMS commitments. The one deficient element <u>DMR Entry</u> had a finding that “OEPA, Surface Water, is now a full batch</p>

Recommendation

ICIS-NPDES user for all ICIS-NPDES schema released by EPA. Data is entered in a timely, and accurate, manner.”

- By September 30, 2013, OEPA will develop a state-specific CMS for inspections and will meet the commitments as resources allow. It is recommended that the State offer CMS Performance Goals for all applicable Metrics.
- Progress will be monitored by Region 5 at mid-year and end-of-year and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 5 — Inspection Coverage: Completion of planned inspections.

Finding	Meets Expectations
Description	Two of two national inspection commitments (100%) were met.
Explanation	OEPA met national inspections commitments for NPDES majors and non-majors, in fulfilling its state specific CMS; however, national CMS commitments for non-majors with general permits were not identified nor included as a line item in the negotiated state specific CMS and are not being evaluated in this review.
Relevant metrics	Data Metric 5A1 – 193 of 298 (64.8%) inspection NPDES-majors. National Goal is 100% state CMS Plan commitments. National Average is 54.4%. Data Metric 5B1 – 1258 of 3095 (40.6%) inspection NPDES non-majors. National Goal is 100% state CMS Plan commitments. National Average is 23.7%. Data Metric 5B2 – Zero inspection NPDES non-majors with general permit. National Goal 100% state CMS Plan commitments. National Average is 19.2%.
State response	State did not provide a comment.
Recommendation	No action needed.

Element 6 — Quality of Inspection Reports: Proper and accurate documentation of observations and timely report completion.

Finding	Area for State Improvement
Description	Twenty-two of 28 reviewed inspection reports (78.6%) provided sufficient documentation to determine compliance. Twenty-six of 28 reviewed inspection reports (89.5%) were timely.
Explanation	Six of the 28 inspection reports reviewed were incomplete or did not provide sufficient information to determine compliance. Examples of inspection report discrepancies include: 1) inspection report could only be located electronically and only contained cover letter and inspection checklist; 2) two inspection reports indicated CEI inspection; however, report represents a Recon inspection instead; 3) report lacked a checklist or an evaluation rating overall facility compliance; 4) 1.5 page inspection “report” was really a letter to the facility with minimal detail.
Relevant metrics	File Metric 6A – 22 of 28 (78.6%) inspection reports reviewed that provide sufficient documentation to determine compliance at the facility File Metric 6B – 26 of 28 (92.9%) inspection reports completed within prescribed timeframe.
State response	OEPA agrees that improvements are needed to further standardize inspection report preparation and inspection protocol.
Recommendation	<ul style="list-style-type: none">• By 60 days of the final report, OEPA will develop a plan that includes guidelines, procedures, oversight for the completion of inspection reports, and identify mandatory location for official inspection file.• By 90 days of the final report, solutions to identified issues that are included in the plan must be written into OEPA policy.• Progress will be monitored by Region 5 through reviewing revised policy and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 7 — Identification of Alleged Violations: Compliance determinations accurately made and promptly reported in national database based on inspection reports and other compliance monitoring information.

Finding	Area for State Improvement
Description	It appears that SEVs are not being reported to ICIS-NPDES as required. Twenty-three of 28 reviewed inspection reports (82.1%) led to an accurate compliance determination.
Explanation	<p>Based on the Data Metric Analysis (DMA), it appears that OEPA is not fully reporting violations to ICIS-NPDES, and thus the OTIS report is not representative of actual violation identification or resolution in Ohio.</p> <p>In addition, as part of the file review process and as indicated in Element 8, there were violations found as a result of inspections, but not reported as EPA-defined SEVs and/or SNC in ICIS-NPDES. Furthermore, compliance schedules related to enforcement actions and permit schedules should be managed accordingly to track compliance and prevent erroneous conclusions.</p>
Relevant metrics	<p>Data Metric 7A1 – 3 major NPDES facilities with SEVs. Data Metric 7A2 – 4 non-major NPDES facilities with SEVs. Data Metric 7B1 - 2 facilities with compliance schedule violations. Data Metric 7C1 – 262 facilities with permit schedule violations. Data Metric 7D1 – 230 of 298 (77.2%) major facilities in non-compliance. National Average is 71.2%. File Metric 7E – 23 of 28 (82.1%) inspection reports reviewed that led to an accurate compliance determination. Data Metric 7F1 – 1112 non-major facilities in Category 1 non-compliance. Data Metric 7G1 – 757 non-major facilities in Category 2 non-compliance. Data Metric 7H1 – 2191 of 3095 (70.8%) non-major facilities in non-compliance. File Metric 8B – 0 of 23 (0%) percentage of SEVs accurately identified as SNC or non-SNC. File Metric 8C – 0 of 4 (0%) SEVs identified as SNC that are reported timely.</p>
State response	OEPA will add Single Event Violation (SEV) fields to its NPDES Compliance and Inspection Tracking Database. OEPA will train inspectors to use SEV codes, when appropriate, in NOV's. OEPA will modify the extensible markup language (XML) interface between the tracking database and ICIS-NPDES to incorporate SEVs in monthly reporting.

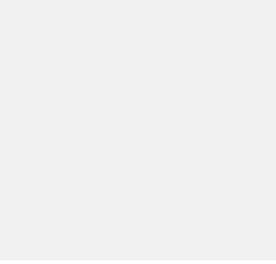
Compliance schedule violations are a combination of OEPA not entering compliance schedule information into SWIMS, and actual compliance schedule violations. OEPA agrees to implement improvements to assure better handling of compliance schedules.

Recommendation

- By 90 days of the final report, in addition to data entry actions identified under Elements 2 and 3, OEPA must review national SEV guidance and develop a plan that addresses identification and resolution of compliance schedule, permit schedule, and documentation of SEVs in ICIS-NPDES.
- By 120 days of the final report, solutions to identified issues that are included in the plan must be written into OEPA policy.
- Progress will be monitored by Region 5 and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 8 — Identification of SNC and HPV: Accurate identification of significant noncompliance and high-priority violations, and timely entry into the national database.

Finding	Area for State Improvement
Description	OEPA’s SNC rate is 24.5%, which is worse than national average. Zero of 21 reviewed SEVs (0%) were accurately identified as SNC or non-SNC and reported timely.
Explanation	OEPA’s SNC rate is greater than the national average. During the file review, the Region observed that no SEVs were being reported and/or appropriately being identified as SNC.
Relevant metrics	<p>Data Metric 8A1 – 73 major facilities in SNC.</p> <p>Data Metric 8A2 – 73 of 298 (24.5%) percentage of major facilities in SNC. National Average is 22.3%.</p> <p>File Metric 8B – 0 of 21 (0%) percentage of SEVs accurately identified as SNC or non-SNC</p> <p>File Metric 8C – 0 of 3 (0%) SEVs identified as SNC that are reported timely.</p>
State response	<p>SNC for OEPA major NPDES permits was slightly elevated above the national SNC annual average only temporarily for FY 2011 because 17 facilities were untimely when applying for a variance for their permitted WQBEL for mercury. All variances have since been approved. Subsequently, SNC for the annual average has dropped back below the national average for FY2012 as well as currently to date. Additionally, in each of the years prior to this SRF, OEPA’s annual average was below the national average.</p> <p>OEPA will add Single Event Violation (SEV) fields to its NPDES Compliance and Inspection Tracking Database. OEPA will train inspectors to use SEV codes, when appropriate, in NOVs. OEPA will modify the XML interface between the tracking database and ICIS-NPDES to incorporate SEVs in monthly reporting.</p> <p>Compliance schedule violations are a combination of OEPA not entering compliance schedule information and actual compliance schedule violations. OEPA agrees to implement improvements to assure better handling of compliance schedules.</p>
Recommendation	<ul style="list-style-type: none"> • By 90 days of the final report, in addition to data entry actions identified under Elements 2 and 3, OEPA must review national SEV guidance and develop a plan that addresses identification and resolution of compliance schedules, permit schedules, and



documentation and SNC escalation of SEVs in ICIS-NPDES.

- By 120 days of the final report, solutions to identified issues that are included in the plan must be written into OEPA policy.
- Progress will be monitored by Region 5 and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 9 — Enforcement Actions Promote Return to Compliance: Enforcement actions include required corrective action that will return facilities to compliance in specified timeframe.

Finding	Area for State Improvement
Description	Eleven of 16 reviewed enforcement responses (68.8%) returned, or will return, a source in violation to compliance.
Explanation	Five of 16 reviewed enforcement responses did not, or will not return, a source in violation to compliance. Examples of discrepancies include: 1) NCNs were issued to facility for certain violations which ended period of SNC; other issues regarding toxicity were not fully addressed; 2) SNC violation noted on detailed facility report (DFR) for mercury effluent violations, but NOV does not reference this limit and no other enforcement documents could be found; 3) long history of noncompliance suggests that NOV alone will not return facility to compliance; 4) Sanitary Sewer Overflow (SSO) issues will not be corrected without appropriate action taken; 5) spill reports relate to sewage overflow and only response is an NOV for reoccurring events; and 6) warning letter issued for failure to observe required manure application setback.
Relevant metrics	File Metric 9A – 11 of 16 (68.8%) enforcement responses that return or will return source in SNC to compliance.
State response	<p>OEPA disagrees with the conclusion regarding the six facilities in Metric 9a. Two of the entities, Dover Chemical and Gallia County, have just recently been referred for enforcement. Dover was referred in November of 2012, and is still in negotiation, along with a renewal NPDES permit. Gallia County was also referred last year because they are in contempt of orders issued by the OEPA Director in 2008 to resolve an unsewered community issue. Obtaining the financial means to fund large sewer projects can take several years. The other four entities with an ‘N’ response are not associated with an enforcement action.</p> <p>Additional detail regarding these remaining four is as follows:</p> <p>First Energy Ashtabula Plant: e-DMR is showing this facility has been in compliance for the last two years. No enforcement is contemplated.</p> <p>Georgetown WWTP: district staff have a compliance enforcement plan (CEP) with this facility which has recently completed the engineering design of three improvement projects per the schedule, expected to be in excess of \$11 million dollars. OEPA will continue to use enforcement discretion as long as they remain on schedule with the CEP.</p>

Recommendation

Kenton WWTP: under enforcement discretion, they have recently submitted an NFA analysis regarding an SSO elimination at the WWTP.

Sugar Lane Dairy: no longer have an NPDES permit.

- By 90 days of the final report, in addition to data entry actions identified under Elements 2 and 3, OEPA must review national Single Event Violation (SEV) guidance and develop a plan that addresses identification and resolution of compliance schedules, permit schedules, and documentation and SNC escalation of SEVs in ICIS-NPDES.
- By 120 days of the final report, solutions to identified issues that are included in the plan must be written into OEPA policy.
- Progress will be monitored by Region 5 and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 10 — Timely and Appropriate Action: Timely and appropriate enforcement action in accordance with policy relating to specific media.

Finding	Area for State Improvement
Description	One of 32 facilities (3.1%) with enforcement actions during the review year addressed SNC violations at major facilities in a timely manner. Six of 11 reviewed enforcement responses (54.5%) addressed SNC that are appropriate to the violations.
Explanation	The file review shows that SNCs are not being addressed appropriately; and addressing actions are not being accomplished nor reported to ICIS-NPDES in a timely manner.
Relevant metrics	<p>Data Metric 10A1 – 1 of 32 (3.1%) major facilities with timely action as appropriate. National Goal is 98%.</p> <p>File Metric 10B – 6 of 11 (54.5%) enforcement responses reviewed that address SNC that are appropriate to the violation.</p>
State response	OEPA will add Single Event Violation (SEV) fields to its NPDES Compliance and Inspection Tracking Database. OEPA will train inspectors to use SEV codes, when appropriate, in NOVs. OEPA will modify the XML interface between the tracking database and ICIS-NPDES to incorporate SEVs in monthly reporting.
Recommendation	<ul style="list-style-type: none"> • By 90 days of the final report, in addition to data entry actions identified under Elements 2 and 3, OEPA must review national SEV guidance and develop a plan that addresses identification and resolution of compliance schedules, permit schedules, and documentation and SNC escalation of SEVs in ICIS-NPDES. • By 120 days of the final report, solutions to identified issues that are included in the plan must be written into OEPA policy. • Progress will be monitored by Region 5 and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 11 — Penalty Calculation Method: Documentation of gravity and economic benefit in initial penalty calculations using BEN model or other method to produce results consistent with national policy and guidance.

Finding	Area for State Improvement
Description	Four of six reviewed penalty calculations (66.7%) considered and included, where appropriate, gravity and economic benefit.
Explanation	Two penalty calculations did not document gravity and economic benefit consideration.
Relevant metrics	File Metric 11A – 4 of 6 (66.7%) penalty calculations that include gravity and economic benefit.
State response	<p>OEPA has no objection to the Recommendation although the agency disagrees with the Findings. See below for an explanation for each of the two cases where penalty calculations were not documented.</p> <p><u>CSX Transportation (8)</u>: Economic benefit/gravity was not considered because this case originated as a criminal enforcement matter with the agency’s Office of Special Investigation (OSI) and went straight to the Ohio Attorney General and the Court of Common Pleas. The penalty was calculated by the Ohio Attorney General. This enforcement case was placed in OEPA’s database for purposes of penalty collection and tracking. OEPA should not be penalized during this review for this case.</p> <p><u>West Carrollton Parchment (38)</u>: The initial penalty calculated on 9/8/08 did include economic benefit (154,040) and gravity (40%). By the time the negotiations came to a close with signed Director’s Final Findings and Orders on 2/22/10, it had already been determined that the initial NPDES permit had the incorrect limits. Therefore, the agency determined that an economic benefit was not derived from West Carrollton and should not be assessed.</p>
Recommendation	<ul style="list-style-type: none"> • By 60 days of the final report, EPA and OEPA will discuss options for appropriate penalty calculation documentation required for enforcement files. Solutions determined during these discussions will be implemented by a date agreed upon by both parties. • Progress will be monitored by Region 5 through monthly calls and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 12 — Final Penalty Assessment and Collection: Differences between initial and final penalty and collection of final penalty documented in file.

Finding	Area for State Improvement
Description	Two of 6 reviewed penalties (33.3%) documented the rationale for the final value assessed compared to the initial value assessed. Six of 6 reviewed penalty files (100%) documented collection of penalty.
Explanation	Four reviewed penalties failed to document the rationale for the final value assessed compared to the initial value assessed.
Relevant metrics	File Metric 12A – 2 of 6 (33.3%) documentation on difference between initial and final penalty. File Metric 12B – 6 of 6 (100%) penalties collected.
State response	OEPA agrees that for the four identified penalties, there was no documented rationale in the file for the final penalty value assessed compared to the initial penalty value proposed. At the end of the negotiation process, the initial value proposed will rarely be achieved since numerous factors are evaluated in agreeing on a final settlement number that typically will be lower than the proposed penalty. These factors include the presentation of legitimate mitigating information from the entity during negotiations, determination of the entity’s ability to pay the civil penalty proposed in the Findings and Orders, costs associated with additional staff time (DSW and Office of Legal Services) in preparing a referral to the Ohio Attorney General , consideration of the additional delay in the case being finalized once sent to the Ohio Attorney General, and litigation risks/costs once the Ohio Attorney General proceeds with the case.
Recommendation	<ul style="list-style-type: none"> • By 60 days of the final report, EPA and OEPA will discuss options for appropriate penalty calculation documentation required for enforcement files. Solutions determined during these discussions will be implemented by a date agreed upon by both parties. • Progress will be monitored by Region 5 though monthly calls and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Clean Air Act Findings

Element 1 — Data Completeness: Completeness of Minimum Data Requirements.

Finding	Area for State Improvement
Description	<p>Review of the thirty-three data metrics under Element 1 shows that OEPA’s MDRs were incomplete for at least five data metrics: active major facilities, active synthetic minors, active federally-reportable Title V Facilities, number of HPVs, and number of facilities with an HPV.</p>
Explanation	<p>OEPA’s facility universes are not consistent between AFS reporting and CMS reporting. In addition, OEPA is not accurately reporting HPVs.</p> <p>This element measures whether reporting of MDRs into AFS is complete for: federally reportable majors, synthetic minors, minors, Tier I minor and other sources (CMS sources), Tier I minor and other sources (active HPVs) and Tier II minors and others (formal enforcement); NSPS Part 60 universe, NESHAP Part 61 universe, MACT Part 63 universe, and Title V universe; Tier I sources with FCEs -source count, FCEs at Tier I sources -activity count, Tier II sources with FCEs -source count, and FCEs at Tier II sources -activity count; Tier I sources with violations and Tier II sources with violations; informal actions issued to Tier I sources and Tier I sources subject to informal actions; HPV activity count and HPV source count; formal enforcement actions issued to Tier I sources, Tier I sources with formal actions, formal enforcement actions issued to Tier II sources, and Tier II sources with formal actions; total assessed penalties and formal enforcement actions with penalty assessed; stack tests with passing results, stack tests with failing results, stack tests with pending results, stack tests without a results code, stack tests observed and reviewed, and stack tests reviewed only; and Title V annual compliance certifications reviewed.</p>
Relevant metrics	<p>Data Metric 1A1 – 577 Active Major Facilities (Tier 1) Data Metric 1A2 – 900 Active Synthetic Minors (Tier 1) Data Metric 1B4 – 577 Active Federally-Reportable Title V Facilities Data Metric 1F1 – 26 Number of HPVs Identified (Activity Count) Data Metric 1F2 – 25 Number of Facilities with an HPV Identified (Facility Count) See Data Metric Analysis table.</p>
State response	<p>Consistency between facility universes between AFS reporting and CMS reporting has been largely resolved through a recent update in STARS2 by OEPA’s data steward. This “inconsistency” involved less than 20 out of</p>

Recommendation

approximately 1500 facilities. This is routinely monitored by the data steward and updated as facilities change status.

Previous concerns expressed by Region V (such as compliance status, linkage to initiating actions, and Day Zero) have been addressed by the conversion of CETA to STARS2.

Because these issues are already being reviewed and addressed during the monthly conference calls, the recommendation should be for continued maintenance of the database.

- By 60 days of the final report, EPA will pull OTIS data and discuss with OEPA during monthly conference calls their data entry.
- If issues are not resolved through monthly conference calls, OEPA will propose a plan to address them, including specific actions to address data gaps identified above and milestones for implementation.
- Progress will be monitored by Region 5 through monthly conference calls and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 2 — Data Accuracy: Accuracy of Minimum Data Requirements.

Finding	Area for State Improvement
Description	Twelve Title V major sources were missing a CMS code entered for the review year. Twelve of 32 reviewed files (37.5%) accurately reflected MDR data reported to AFS.
Explanation	<p>Data Metric 2A uses the historic CMS code captured on the last day of the review year for sources classified as major. Major sources without a CMS code may be an indication that they are not part of a CMS plan. In accordance with the CMS policy, all Title V major sources should be assigned a CMS code and an evaluation frequency.</p> <p>Data in twenty of the 32 files reviewed were inaccurately reflected in OTIS. Examples of inaccuracies noted are: 1) four files had incorrect addresses; 2) fourteen files had incorrect inspection dates; 3) one file did not have failed stack tests reported; 3) five files had inaccurate compliance status reported; 4) one file was reported as a Title V instead of a FESOP; 5) one file had a PCE that were not found in the Detailed Facility Report (DFR) nor included in information provided by OEPA; and 6) OEPA considers the FCE completion date as the date inspector completes the CMR. However, according to the CMS policy, the completion of the CMR is not one of the components which complete an FCE.</p>
Relevant metrics	<p>Data Metric 2A – 12 major sources missing CMS codes.</p> <p>File Metric 2B – 12 of 32 files (37.5%) accurate MDR data in AFS.</p>
State response	<p>The issues regarding missing CMS codes were addressed in the response to Element 1.</p> <p>EPA inappropriately assumed that OEPA was double counting activities based upon entries into its former compliance and enforcement tracking system (CETA) that the outdated AFS system was not able to separate. OEPA will continue to document that a site visit occurred for emission test witnessing, complaint investigations, PCEs and/or FCEs. The use of the agency’s new compliance and enforcement tracking system (STARS2) will alleviate the appearance of duplicate entries in AFS since the site visits are now tracked independent of the other activity coding. The use of STARS2 will also address issues with inaccurate compliance status reporting. EPA should recognize that inspectors can be onsite to witness emission tests, and because operation records are reviewed and recorded, a PCE can also occur at the same time.</p> <p>As discussed during the review, the failed stack tests that were not reported</p>

for one facility had been part of a EPA 114 request and there had been some confusion by the district office staff as to whether the results were to be entered by them or not.

Regarding the issue of what constitutes the FCE completion date, OEPA continues to believe its interpretation is correct. Completion of the CMR involves more than simply filling in a form but rather involves a review of all findings from the FCE process and formulating a plan of action based on the results. OEPA also considers management review and approval of the CMR to be integral to the process. Depending on the scope of the findings and recommendations, management review may also involve review of inspection records or other documentation. Setting the date of FCE completion as the date of report completion also provides a clear, unambiguous date for OEPA staff and results in consistent data reporting. In any event, the important element here is not the date the process was completed, which doesn't matter unless the FCE is part of the annual commitment, but rather that a complete review has taken place and a plan for addressing deficiencies has been developed.

Because of the different views mentioned above, EPA's evaluation for this metric was skewed. OEPA provided comments in response to the erroneous evaluation; however, EPA failed to acknowledge these corrective comments which resulted in an incorrect accuracy percentage for this metric.

For the reasons listed below, OEPA does not agree with EPA's assessment for:

AK Steel, East Ohio Gas, IMCO Recycling, Liberty Castings, Oberlin College, Pexco Packaging, R.O. Apelt, and Columbus Southerly – which were all misinterpreted duplicative entries to AFS;

Poet Biorefining or Titan Tire -- the date the OEPA Director signs an Order is not the date the Order is effective. The effective date is the date the Order is journalized. The July 13, 2011 date for Poet and the January 26, 2011 date for Titan are both correct;

Automated Packaging – the July 13, 2011 FCE was in the file package for EPA review. The HPV – GC5 comment was inappropriate as EPA would never take action on that issue;

Carmeuse Lime – the auditor correctly notes that no notices of violation were issued during the review period and, as such, no notices of violation were included in the review file package. However, the referenced Director's Findings and Orders which were included in the file package for

EPA review did cite the notices of violation that were issued by OEPA;

Howden North America -- the reference to “never” was correct. The facility installed unlawfully and therefore it had not been inspected before. The PCE citation was correct as well as all operations were not fully installed and a permit for the operations had not been issued; and

Metalico Youngstown – the Consent Decree was included in the file package for EPA review. The Decree identified the notices of violation that were not issued during the review period for this audit. The notices of violation were not requested during or after the audit. The Ohio Attorney General does not use the EPA’s Air Civil Penalty Policy but relies on Ohio case law and the statutory penalty authority provided by the Ohio Revised Code (up to \$25,000 per day per violation). The Ohio Attorney General is not obligated to document his proposed or final penalties for the EPA. OEPA’s penalty, calculated in accordance with the Air Civil Penalty Policy, was included in the proposed Director’s Findings and Orders issued to the company in early December of 2006 and a discussion of the proposed penalty calculation was included in the referral package to the Ohio Attorney General which was included in the SRF review package. The amended complaint was considered before the final Consent Decree was issued and was not included in the SRF review package.

In order to clearly identify the completion date, OEPA can commit to providing guidance to field staff to enter the date when all information has been obtained in order to complete the evaluation.

Recommendation

- By 60 days of the final report, EPA will pull OTIS data and discuss with OEPA during monthly conference calls their data entry.
- If issues are not resolved through monthly conference calls, OEPA will propose a plan to address them, including specific actions to address data gaps identified above and milestones for implementation.
- Progress will be monitored by Region 5 through monthly conference calls and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 3 — Timeliness of Data Entry: Timely entry of Minimum Data Requirements.

Finding	Area for State Improvement
Description	Four HPV actions were reported to AFS beyond 60 days. The national goal for timely entry (entered in 60 days or less) of compliance and enforcement MDRs and timely entry (entered in 120 days or less) of stack test MDRs is 100%. OEPA entered 82.1% compliance monitoring MDRs, 80.3% enforcement MDRs, and 62.8% stack test MDRs in a timely manner.
Explanation	EPA realizes that the percentages established in the SRF report do not reflect the whole picture of the compliance and enforcement activities conducted by OEPA, but they provide a process to effectively manage oversight. EPA suggests recommendations to OEPA for improvements in order to run a more efficient compliance and enforcement state program.
Relevant metrics	<p>Data Metric 3A1 – 22 timely entries of HPV determinations. National Goal is <60 days.</p> <p>Data Metric 3A2 – 4 untimely entries of HPV determinations. National Goal is <60 days.</p> <p>Data Metric 3B1 – 82.1% timely reporting of Compliance monitoring MDRs. National Goal is 100%. National Average is 78.6%.</p> <p>Data Metric 3B2 – 62.8% timely reporting of stack test MDRs. National Goal is 100%. National Average is 75.5%.</p> <p>Data Metric 3B3 – 80.3% timely reporting of enforcement MDRs. National Goal is 100%. National Average is 76.1%.</p>
State response	<p>OEPA believes that, with the exception of stack test MDRs, the timeliness of data reporting is acceptable considering resources available and is, in fact, above the national average. OEPA staff members are periodically reminded of the need for timely data entry. As for reporting stack test results, as has been discussed previously with Region V, OEPA does not report until the test report has been reviewed. OEPA is dependent on timely submittal of the report by a third party, independent contractor. Any delay of the report submittal will result in delay of review by OEPA and therefore result in a delay in reporting to AFS. This was acknowledged by EPA through a fairly recent change in the entry requirement.</p> <p>There is also a certain amount of lag time between staff entry and transfer to AFS as OEPA conducts monthly batch uploads, which is the most efficient use of IT staff resources.</p> <p>The recommendation should be to continue to review this element during the monthly conference calls and address any deficiencies as needed.</p>

Recommendation

- By 60 days of the final report, OEPA will update its standard operating procedures and provide training to staff responsible for reporting HPV determinations and stack test MDRs to AFS.
- If issues are not resolved through monthly conference calls, OEPA will propose a plan to address them, including specific actions to address data gaps identified above and milestones for implementation.
- Progress will be monitored by Region 5 through monthly conference calls and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 4 — Completion of Commitments: Meeting all enforcement and compliance commitments made in state/EPA agreements.

Finding	Area for State Improvement
Description	295 of 293 (100.7%) planned Title V Major FCEs were completed. 230 of 222 (103.6%) planned SM-80 FCEs were completed. One of three compliance and enforcement commitments other than CMS commitments were completed.
Explanation	<p>OEPA did not meet non-CMS commitments of the FY 2011 EnPPA.</p> <p>In the FY11 EnPPA, OEPA committed to continue to use the revised inspection form and instructions, which were developed by a workgroup, comprised of staff from Central Office, district offices and local air agencies, and finalized in federal fiscal year 2004. OEPA’s Cleveland Division of Air Quality FCE form (Appendix N) was very descriptive, detailed, and well organized. The form included all the required elements of an FCE per the CMS policy. However, during the review it was identified that there was no consistency among the FCE forms used by Central Office, district offices and local air agencies, contrary to OEPA’s EnPPA commitment.</p> <p>OEPA is reporting the required data identified as MDR's. However, during the review it was found that there was duplication in the reporting of the MDR's, inaccurate reporting of the activities being linked in the HPV pathway in AFS, and inaccurate reporting of other data fields (date of FCE, enforcement action, etc).</p>
Relevant metrics	<p>File Metric 4A1 – 295 of 293 (100.7%) Title V Major FCEs.</p> <p>File Metric 4A2 – 230 of 222 (103.6%) SM-80 FCEs.</p> <p>File Metric 4B – 1 of 3 (33.3%) planned commitments completed.</p>
State response	<p>OEPA acknowledges that the Appendix N form is not being used by all OEPA offices. During the exit interview for this audit, the EPA auditors indicated that all of the data elements were included in each office’s reviews, but that it was easier for them to find the data elements using the Appendix N form. Although we will encourage the use of Appendix N, this should not be an issue to EPA as long as the field offices forms contain adequate information.</p> <p>OEPA believes it has met its commitment to timely report data to EPA, through the monthly conference calls, has worked with Region V to identify and correct deficiencies and to put procedures in place to prevent these deficiencies from re-occurring.</p>

OEPA believes that the “No” responses for File Metric 4B should be changed, resulting in two additional “Yes” responses and 66.7% attainment of the goal.

Recommendation

- OEPA will ensure that Appendix N, FCE form, is used by all inspectors and provide inspection staff guidance on FCE and CMR completeness by 90 days of the final report.
- Solutions to issues regarding data entry will be resolved under Elements 2 and 3 of this report.
- If issues are not resolved through monthly conference calls, OEPA will propose a plan to address them, including specific actions to address data gaps identified above and milestones for implementation.
- Progress will be monitored by Region 5 through monthly conference calls and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 5 — Inspection Coverage: Completion of planned inspections.

Finding	Area for State Attention
Description	92.2% of CMS majors and mega-sites received an FCE. 95.2% of CMS SM-80s received an FCE. OEPA has reviewed Title V annual compliance certificates (ACC) for 83.4% of the active Title V universe.
Explanation	<p>OEPA completed FCEs at 282 of 306 at majors and mega-sites, 139 of 146 FCEs at SM-80s, and 481 of 577 of the active Title V universe had Title V annual compliance certificate reviews completed.</p> <p>Based on EPA findings under CAA Element 4, the Region believes that performance under Element 4 metrics on meeting inspection commitments under the state’s compliance monitoring strategy plan is a more accurate characterization of state performance than those reported under Element 5. Element 4 examines the specific universe of facilities that the state committed to inspect, rather than the more general set of all facilities included under Element 5 inspection coverage metrics. See Element 4 discussion for additional details.</p>
Relevant metrics	<p>Data Metric 5A – 282 of 306 (92.2%) FCE Coverage Major. National Goal 100%. National Average 90.0%.</p> <p>Data Metric 5B – 139 of 146 (95.2%) FCE Coverage SM-80. National Goal 100%. National Average 90.6%.</p> <p>Data Metric 5E – 481 of 577 (83.4%) Title V ACCs Reviews Completed. National Goal 100%. National Average 72.5%.</p>
State response	State did not provide comment.
Recommendation	No action needed.

Element 6 — Quality of Inspection Reports: Proper and accurate documentation of observations and timely report completion.

Finding	Area for State Improvement
Description	Of the 15 full compliance evaluations reviewed, most files had one or more of the Compliance Monitoring (CMR) checklist criteria missing or incomplete. Ten of 16 reviewed FCEs (62.5%) met all criteria in the CMR checklist. However, 16 of the 16 files reviewed (100%) provided sufficient documentation to determine source compliance.
Explanation	<p>Six of the 16 CMRs reviewed were partially incomplete. Examples of CMR discrepancies include: 1) two files did not indicate that the findings and recommendations were relayed to the facility during the compliance evaluation; 2) the CMR did not list the applicable requirements, including regulatory requirements and permit conditions, (the CMR stated “see permit”); 3) the CMR stated that there was no enforcement against the facility in the past 10 years; however, the DFR listed NOV’s that were issued on 10/3/08, 5/7/10 and 5/12/11; and 4) no applicable requirements were noted in the CMR; only "MACT" was checked but no description of which MACT and detailed information was only on one of the four units inspected. The forms for the other three units only stated "Ditto for B001".</p> <p>A similar finding was noted in OEPA’s Round 1 SRF report and remains an issue.</p>
Relevant metrics	<p>File Metric 6A – 10 of 16 (62.5%) documentation of FCE elements.</p> <p>File Metric 6B – 16 of 16 (100%) CMRs with sufficient documentation to determine compliance.</p>
State response	<p>OEPA believes it has met its commitment to timely report data to EPA, through the monthly conference calls, has worked with Region V to identify and correct deficiencies and to put procedures in place to prevent these deficiencies from re-occurring.</p> <p>OEPA disagrees with EPA’s assertion that all evaluation findings and recommendations must be relayed to the facility during the onsite evaluation. There are occasions where it is not appropriate to relay findings and recommendations from a facility evaluation before leaving the site. At times management will have to be involved in a review of the evaluation findings before the findings and recommendations are relayed to the facility. For Stoneco, Inc. the findings and recommendations were relayed to the facility on September 19, 2011. EPA auditors did not request a copy of the findings and recommendations although a copy of the letter was provided to EPA in follow-up to their pre-draft audit comments.</p>

OEPA did not recognize that the permit terms and conditions were not associated with the CMR for two facilities in the file package for EPA review. Permit terms and conditions are not necessarily part of the facility enforcement files; however, had the information been requested, copies of the permit terms and conditions would have been provided so the auditors could have confirmed that all applicable requirements were addressed. Typically, the inspector for the facilities has a copy of the permits during FCE; therefore, the reference to “see permits.”

EPA should clarify their statements regarding Explanation 3. There may have been some confusion when evaluating the CMR data. For one of the facilities evaluated, no formal enforcement action was taken against the facility, but the inspector may have inadvertently referred to notices of violation as formal enforcement actions taken in the DFR. EPA auditors did not request clarification for this issue and should recognize that the issuance of a notice of violation to the facility does not mandate that further formal enforcement action be taken against the facility. There is a reason there are two different categories in the DFR.

EPA’s concerns regarding Explanation 4 are overstated. The evaluation for this facility involved four compressor engines that were not in operation at the time of the FCE. The engines are subject to MACT requirements, but going into great detail in the CMR about the requirements knowing the operational status of the engines would have been a waste of resources. This facility was on OEPA’s FFY 2011 CMS commitment list. OEPA has been told that another facility cannot be substituted for one on the commitment list once it is finalized. OEPA discussed this situation previously with EPA and was told that if a facility is closed or not operating that the inspector was to inspect what was operating, examine records, etc., but otherwise verify that the emissions units are not/have not been operating and that this would constitute a FCE. If this has changed, OEPA would like to discuss how this situation should be handled in the future.

The CAA FILE METRIC 6A should be revised to represent the following FCE documentation percentage: $14/16 = 87.5\%$.

MAC Manufacturing, Inc.

The review team noted that the facility evaluation form provided in the information reviewed stated no enforcement against this company in the past 10 years. However, the DFR listed notices of violation that were issued on 10/3/08, 5/7/10 and 5/12/11. These notices of violation were generated by Central Office, not the District Office, for late fee emissions reports, an administrative violation. The notices of violation were resolved

and no formal action was subsequently taken. This information was available to the inspector.

Steel Structures of Ohio

The CMR reviewed stated enforcement action against the company had been taken within the last 5 years, but did not list the previous enforcement actions in the CMR. This information was on file and available to the inspector, so it was not necessary to list all of the actions on the CMR. If needed for the review, this information could have been provided to the review team if requested.

Recommendation

- OEPA will ensure that Appendix N, FCE form, is used by all inspectors and provide inspection staff guidance on FCE and CMR completeness by 90 days of the final report.
- Progress will be monitored by Region 5 through monthly conference calls and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 7 — Identification of Alleged Violations: Compliance determinations accurately made and promptly reported in national database based on inspection reports and other compliance monitoring information.

Finding	Area for State Improvement
Description	<p>Eight of 32 reviewed CMRs or source files led to accurate compliance determinations and were accurately reported in AFS. Seventeen of 119 Tier I sources (14.3%) that received a Notice of Violation (informal enforcement action) during the review year and a compliance status of either in violation or meeting schedule were recorded in AFS during the review year. Six of 14 major sources (42.9%) with at least one HPV identified during the review year and a compliance status of either in violation or meeting schedule were recorded in AFS during the review year.</p>
Explanation	<p>OEPA accurately identifies violations; however, the violations are not accurately reflected in AFS. Seven of 15 reviewed CMRs containing information and documentation used by OEPA to determine compliance were inaccurately reported in AFS. The “Three Year Compliance Status by Quarter” section of the OTIS Detailed Facility Report (DFR) did not match information found in 25 files reviewed.</p>
Relevant metrics	<p>File Metric 7A – 8 of 32 (25.0%) accuracy of compliance determinations. Data Metric 7B1 – 17 of 119 (14.3%) alleged violations reported per informal enforcement actions (Tier I only). National Goal 100%. National Average 62.2%. Data Metric 7B2 – 4 of 22 (18.2%) alleged violations reported per failed stack tests. National Average 54.0%. Data Metric 7B3 – 6 of 14 (42.9%) alleged violations reported per HPV identified. National Goal 100%. National Average 69.6%.</p>
State response	<p>Incorrect compliance status for facilities with on-going violations or enforcement cases has been addressed since FFY 2011 through the conversion from CETA to STARS2. Specifically, STARS2 now currently requires that at least one program is marked as non-compliant before an enforcement action or case can be initiated. This will resolve the issue going forward. STARS2 also prohibits exporting enforcement actions for enforcement cases which do not have at least one program marked as non-compliant, so any existing cases with this issue will be resolved as actions are sent to AFS. EPA should have recognized the improvement in this report.</p>
	<p>The recommendation should be for continued review of this element during</p>

the monthly conference calls and for OEPA to address any deficiencies as needed.

Recommendation

- Solutions to issues regarding data entry will be resolved under Elements 2 and 3 of this report.
- If issues are not resolved through monthly conference calls, OEPA will propose a plan to address them, including specific actions to address data gaps identified above and milestones for implementation.
- Progress will be monitored by Region 5 through monthly conference calls and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 8 — Identification of SNC and HPV: Accurate identification of significant noncompliance and high-priority violations, and timely entry into the national database.

Finding	Area for State Attention
Description	OEPA’s HPV discovery rate is 2.4%, which is lower than the national average of 3.9%. Twenty-one of 21 reviewed violations (100%) were accurately determined to be HPVs.
Explanation	<p>All of the 21 violations reviewed were accurately determined to be HPVs.</p> <p>This finding is only an Area for State Attention because the Region believes that OEPA can improve performance in this area on its own without a recommendation as demonstrated by OEPA’s HPV determination accuracy of 100% of files reviewed.</p>
Relevant metrics	<p>Data Metric 8A – 14 of 577 (2.4%) HPV discovery rate per major facility universe. National Average is 3.9%.</p> <p>Data Metric 8B – 0 of 2 (0.0%) HPV reporting indicator at majors with failed stack tests. National Average is 20.5%.</p> <p>File Metric 8C – 21 of 21 (100%) accuracy of HPV determinations.</p>
State response	OEPA is meeting this requirement. All HPVs were correctly identified under File Metric 8C. There is no recommendation on how to “improve” the HPV discovery rate per major facility. OEPA’s inspectors are clearly finding violations at facilities and correctly identifying said violations as HPVs when appropriate.
Recommendation	No action needed.

Element 9 — Enforcement Actions Promote Return to Compliance: Enforcement actions include required corrective action that will return facilities to compliance in specified timeframe.

Finding	Area for State Improvement
Description	Seven of 9 reviewed formal enforcement responses (77.8%) included required corrective actions that will return the source to compliance in a specified time frame.
Explanation	Two reviewed formal enforcement responses did not include documentation to show that the formal enforcement action included required corrective actions that returned or will return the facility to compliance.
Relevant metrics	File Metric 9A – 7 of 9 (77.8%) formal enforcement return facilities to compliance.
State response	<p>OEPA is meeting this requirement. OEPA disagrees with the reviewer’s assessment that OEPA actions taken did not result in a return to compliance regarding Oberlin College and Columbus Southerly Wastewater Treatment. Formal enforcement action was not required as no emissions violation occurred at Oberlin College and permitting changes resolved the other violations at the facility. Permitting changes also resolved the violations for the Columbus Southerly facility.</p> <p>OEPA believes that these two “No” responses in File Metric 9A should be changed, resulting in 9 “Yes” responses and 100% attainment of the goal and that no further action should be required.</p> <p><u>Oberlin College</u> There was no formal enforcement action for the alleged violation for failure to comply with the power input of the ESP and the ESP inlet temperature as the COMS data subsequently showed compliance with the permit limit during that period. The other HPV violations identified were identified through compliance testing that was conducted at an operating rate above any historical operational rates. The resolution for this violation was to issue a modified permit which derated the boiler and imposed enforceable restrictions on the facility’s operations. OEPA believes this to be an appropriate action to bring the facility into compliance.</p> <p><u>Columbus Southerly Wastewater Treatment Plant</u> While OEPA agrees that the emission unit operated in excess of the permit limit (and had issued a notice of violation as a result), OEPA correctly determined that no formal enforcement action was needed to resolve the</p>

violation. As has been discussed during the monthly conference calls, the emissions unit in violation was only operated for testing during this period. One of the issues that occurred during testing was the inability of the unit to run at 90% of its maximum process weight rate. There were also several mechanical issues that resulted in significant repairs to the emissions unit. The City of Columbus was extremely cooperative with OEPA and agreed to derate the sludge incinerator's process weight rate to coincide with the feed rates from the 2012 stack test through an enforceable permit modification.

Recommendation

- By 60 days of the final report, EPA and OEPA will discuss options to verify compliance of sources that are subject to formal enforcement. Solutions determined during these discussions will be implemented by a date agreed upon by both parties.
- Progress will be monitored by Region 5 through monthly calls and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 10 — Timely and Appropriate Action: Timely and appropriate enforcement action in accordance with policy relating to specific media.

Finding	Area for State Improvement
Description	Two of 9 reviewed HPV addressing actions (22.2%) met the timeliness standard in the HPV Policy. Five of 9 reviewed HPVs (55.6%) demonstrated the violation was appropriately addressed.
Explanation	Seven HPV addressing actions were not addressed within 270 days of the Day Zero date achieved. Four of the reviewed HPVs did not demonstrate the violation was appropriately addressed; each of these four files noted submittal of modified permits in place of a formal addressing actions being initiated.
Relevant metrics	Data Metric 10A – 11 of 30 (36.7%) HPV cases which meet the timeliness goal of HPV Policy. National Average is 63.7%. File Metric 10A – 2 of 9 (22.2%) timely action taken to address HPVs. File Metric 10B – 5 of 9 (55.6%) appropriate enforcement responses for HPVs.
State response	Unfortunately, this metric is also related to the “Priority Issue” raised in the SRF Executive Summary and will always be a point of contention between our Agencies until the matter is fully vetted. OEPA disagrees with EPA’s position that every HPV violation should be addressed through a formal enforcement action. The appropriate enforcement action must be determined on a case-by-case basis. If a revision to a permit emission limitation is permissible without triggering any other State or federal requirement, and that revision addresses a cited violation of the former emission limitation, then, in our opinion, no further enforcement action is necessary. OEPA has dealt with this situation several times with asphalt plants. The AP-42 emission factors may be used to establish emission limitations in an installation permit; however, since the homogenized AP-42 emission factors for this industry are not specific to a particular region of the country, OEPA will always defer to site-specific emission test data over the AP-42 emission factors when reevaluating whether a revised emission limitation may be appropriate for a given asphalt plant. As such, even if a notice of violation has to be issued to a facility for exceeding an emission limitation, if the emission limitation can be adjusted based upon site-specific emission test data, further enforcement action is not necessary. Specifically, OEPA disagrees with EPA’s assessment of the All-Foils, Inc. case (permit revision resolved the cited violation); the Oberlin College case (permit revision to impose operational restrictions to address NOx RACT issues); the AK Steel case (Director’s Findings and Orders have been issued and we are negotiating a settlement with the company – while our

action for this case was not timely, EPA should not double count and penalize OEPA for failing to meet HPV timelines and not taking an appropriate enforcement action against the company); and the Columbus Southerly Wastewater Treatment Plant case (permit revision resolved the cited violation). This issue was discussed during the exit interview, but none of OEPA's comments were considered before EPA evaluated this metric.

OEPA does not agree with the recommendation associated with Metric 10B. Instead, OEPA should continue to flag HPVs with the G4 code when a permit will be issued to resolve the violation and only close the case when that permit is issued. OEPA does not believe it is necessary to provide a separate narrative explanation for the terms and conditions of a permit modification, or the justification for such a modification when the permit, or draft permit, is available for review.

The CAA File Metric 10B should have been revised to represent the following appropriate enforcement response percentage: $9/9 = 100\%$

All-Foils, Inc.

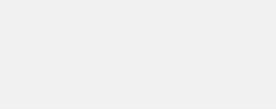
OEPA feels that an appropriate response was taken. The violation was for operating without permit required control equipment. However, the facility was not operated as described in its permit application and as such would not have required operation of the control equipment. No excess emissions were documented as a result of the permit violation. A permit change reflecting the actual operations resolved the facility's violations.

AK Steel Corporation

As has been previously discussed in the monthly calls and during the SRF review, an enforcement referral was made on 02/27/12 and proposed Director's Final Findings and Orders were sent to the company on 01/18/13. The proposed orders are currently in settlement negotiations between OEPA and the company.

Recommendation

- By 60 days of the final report, EPA and OEPA will discuss options for improving ability to meet timeliness goals and the appropriate resolution of HPVs. Solutions determined during these discussions will be implemented by a date agreed upon by both parties.
- OEPA will create a list of all current HPV cases for which a permit modification is part of the response to addressing a violation, and provide a narrative explanation of: 1) the improvements and modifications the source performed to reduce emissions after the first evidence of violation, and 2) the justification for modifying the permit.
- Progress will be monitored by Region 5 through monthly calls and



steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 11 — Penalty Calculation Method: Documentation of gravity and economic benefit in initial penalty calculations using BEN model or other method to produce results consistent with national policy and guidance.

Finding	Meets Expectations
Description	Six of 6 penalty calculations (100%) reviewed that consider and include, where appropriate, gravity and economic benefit.
Explanation	All of the penalty calculations reviewed did document both economic benefit and gravity consideration.
Relevant metrics	File Metric 11A – 6 of 6 (100%) penalty calculations consider and include gravity and economic benefit.
State response	State did not provide comment.
Recommendation	No action needed.

Element 12 — Final Penalty Assessment and Collection: Differences between initial and final penalty and collection of final penalty documented in file.

Finding	Meets Expectations
Description	Six of 6 reviewed penalties (100%) documented the rationale for the final value assessed compared to the initial value assessed. Six of 6 reviewed penalty files (100%) documented collection of penalty.
Explanation	All of the files reviewed showed documentation of the rationale for the final value assessed compared to the initial value assessed and that the penalty had been collected.
Relevant metrics	File Metric 12A – 6 of 6 (100%) documenting difference between initial and final penalty. File Metric 12B – 6 of 6 (100%) penalties collected documentation.
State response	State did not provide comment.
Recommendation	No action needed.

Resource Conservation and Recovery Act Findings

Element 1 — Data Completeness: Completeness of Minimum Data Requirements.

Finding	Meets Expectations
Description	Review of the seventeen data metrics under Element 1 shows that all of the MDRs were complete.
Explanation	According to RCRAInfo, the following data metrics were complete: operating treatment, storage, and disposal facilities (TSDFs), active large quantity generators (LQGs), and active small quantity generators (SQGs) site universe counts; inspection counts; violation counts; informal enforcement action counts; SNC counts; formal enforcement action counts; total dollar amount of final penalties; and formal enforcement actions that include penalty for OEPA.
Relevant metrics	Data Metrics 1A1-5, 1B1-2, 1C1-2, 1D1-2, 1E1-2, 1F1-2, 1G, and 1H - no performance deficiencies were identified by the Region, see Data Metric Analysis table.
State response	State did not provide comment.
Recommendation	No action needed.

Element 2 — Data Accuracy: Accuracy of Minimum Data Requirements.

Finding	Area for State Attention
Description	215 sites in RCRAInfo were in violation for greater than 240 days without being evaluated for re-designation as SNCs. Twenty-nine of 30 files (96.7%) contained data that was accurately reflected in RCRAInfo.
Explanation	<p>One of the 30 files reviewed was inaccurately reflected in OTIS. The inaccuracies noted were: 1) judgment entry not in RCRAInfo and 2) two 610 entry dates did not match dates in the DFR.</p> <p>This finding is only an Area of State Attention because the Region believes that OEPA can improve performance in this area on its own without a recommendation.</p>
Relevant metrics	<p>Data Metric 2A – 215 sites in RCRAInfo have been in violation for greater than 240 days without being evaluated for re-designation as SNCs.</p> <p>File Metric 2B – 29 of 30 files (96.7%) contained data that was accurately reflected in RCRAInfo.</p>
State response	State did not provide comment.
Recommendation	No action needed.

Element 3 — Timeliness of Data Entry: Timely entry of Minimum Data Requirements.

Finding	Meets Expectations
Description	Twenty-nine of 30 reviewed files (96.7%) demonstrated that mandatory data were entered in RCRAInfo in a timely manner.
Explanation	No performance deficiencies were identified by the Region.
Relevant metrics	File Metric 3A – 29 of 30 files (96.7%) reviewed where mandatory data are entered in RCRAInfo in a timely manner.
State response	State did not provide comment.
Recommendation	No action needed.

Element 4 — Completion of Commitments: Meeting all enforcement and compliance commitments made in state/EPA agreements.

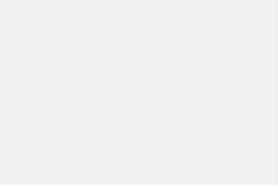
Finding	Meets Expectations
Description	OEPA met two of two (100%) non-inspection commitments in the Environmental Performance Partnership Agreement (EnPPA).
Explanation	No performance deficiencies were identified by the Region.
Relevant metrics	File Metric 4A – 2 of 2 (100%) non-inspection commitments met File Metric 4B – OEPA does not have an alternative CMS.
State response	State did not provide comment.
Recommendation	No action needed.

Element 5 — Inspection Coverage: Completion of planned inspections.

Finding	Meets Expectations
Description	In combination with Region 5, the national inspection goals for TSDFs (2 years) and LQGs (1 year and 5 year) were met.
Explanation	OEPA conducted 33 of 34 inspections (97.1%) at Treatment, Storage, and Disposal Facilities (TSDFs) with operating permits. OEPA is consistently above 20% inspection coverage each year for Large Quantity Generators (LQGs). The five year average is affected by the changing universe, therefore EPA considers this metric met. The LQG universe of total facilities in Ohio decreased by approximately 10% in the past five years. In FY07, OEPA had 794 LQGs reporting to the RCRA Biennial Report on hazardous waste generating facilities. In FY11, OEPA had 716 LQGs reporting. Factoring in the change in the LQG universe, OEPA achieved the national goal to inspect 100% of LQGs every 5 years.
Relevant metrics	Data Metric 5A – 33 of 34 (97.1%) two-year inspection coverage for operating TSDFs. National goal 100%. National Average 89.4%. Data Metric 5B – 25.6% annual inspection coverage for LQGs. National goal 20%. National Average 22.6%. Data Metric 5C – 81.6% five-year inspection coverage for LQGs. National goal 100%. National Average 62.9%
State response	State did not provide comment.
Recommendation	No action needed.

Element 6 — Quality of Inspection Reports: Proper and accurate documentation of observations and timely report completion.

Finding	Area for State Improvement
Description	Twenty-four of 30 reviewed inspection reports (80.0%) were considered complete, and provided sufficient documentation to determine compliance at the facility. Twenty-three of the 30 inspection reports (76.7%) were completed in a timely manner.
Explanation	<p>Six of the 30 inspection reports reviewed were incomplete or did not provide sufficient information to determine compliance. Examples of incompleteness noted are: 1) three files lacked specific information regarding facility; 2) two files lacked description of areas inspected; 3) two files lacked information to support the observations made. Seven of 30 inspection reports reviewed were not completed in a timely manner per the OEPA timeliness guidelines of 21 days.</p> <p>A similar finding was noted in OEPA’s Round 1 SRF report and remains an issue.</p>
Relevant metrics	<p>File Metric 6A – 24 of 30 inspection reports (80.0%) complete and sufficient to determine compliance.</p> <p>File Metric 6B – 23 of 30 inspection reports (76.7%) completed in a timely manner.</p>
State response	<p>OEPA contends that its inspection reports were completed in a timely manner. The standard used in the SRF report is based upon Ohio’s internal goal, but this SRF exercise is a national review in which the standard is 150 days. OEPA’s completion of its RCRA inspection reports is significantly timelier than the national standard of 150 days, and, for the records reviewed, was ahead of Ohio’s goal of 21 days.</p> <p>With regard to inspection letters/report completeness, it is clear that OEPA and EPA have a difference of opinion on how the information in the inspection letters should be organized, specifically whether the information should be in a separate report or contained within the inspection letter itself.</p> <p>OEPA should, within 90 days of the final report, provide refresher training for staff regarding inspection letter completeness.</p>
Recommendation	<ul style="list-style-type: none"> • By 60 days of the final report, OEPA will update its standard operating procedures and provide training to staff regarding



inspection report completeness and timeliness.

- Progress will be monitored by Region 5 through annual mid-year file audits and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 7 — Identification of Alleged Violations: Compliance determinations accurately made and promptly reported in national database based on inspection reports and other compliance monitoring information.

Finding	Meets Expectations
Description	Thirty of 30 reviewed inspection files (100%) led to accurate compliance determinations. OEPA’s violation identification rate is 50.0% according to OTIS.
Explanation	OEPA has accurate compliance determinations.
Relevant metrics	File Metric 7A – 30 of 30 (100%) accurate compliance determinations. Data Metric 7B – 50.0% of sites with violations found during inspection. National average is 32.5%.
State response	State did not provide comment.
Recommendation	No action needed.

Element 8 — Identification of SNC and HPV: Accurate identification of significant noncompliance and high-priority violations, and timely entry into the national database.

Finding	Area for State Improvement
Description	OEPA’s SNC identification rate is 0.8%, which is lower than national average of 2.1%. Thirty of 30 reviewed files (100%) demonstrated significant noncompliance (SNC) status was appropriately determined. According to OTIS, OEPA is 37.5% for timeliness of SNC determinations.
Explanation	<p>The low rate for timeliness of SNC determinations is due to the late entry of SNC records into RCRAInfo. The RCRA enforcement policy timeline is 150 days from the determination (inspection) date to enter a SNC record, and many of OEPA’s SNC entry dates were more than 150 days after the inspection date.</p> <p>A similar finding was noted in OEPA’s Round 1 SRF report and remains an issue.</p>
Relevant metrics	<p>Data Metric 8A – 8 of 951 (0.8%) SNC identification rate. National Average is 2.1%.</p> <p>Data Metric 8B – 37.5% of SNC determinations made in a timely manner. National goal is 100%. National Average is 81.7%.</p> <p>File Metric 8C – 30 of 30 files (100%) reviewed with appropriate SNC determinations.</p>
State response	<p>OEPA contends that 5 of 9 enforcement files reviewed were met the standard for timeliness under Element 8B.</p> <p>OEPA should, within 90 days of the final report, evaluate whether there are any process improvements that could be made to decrease the time from the inspection date to SNC determination.</p>
Recommendation	<ul style="list-style-type: none"> • By 60 days of the final report, OEPA will update its standard operating procedures and provide training to staff regarding SNC determination entry into RCRAInfo. • Progress will be monitored by Region 5 through annual mid-year file audits and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 9 — Enforcement Actions Promote Return to Compliance: Enforcement actions include required corrective action that will return facilities to compliance in specified timeframe.

Finding	Meets Expectations
Description	Ten of 10 reviewed enforcement responses (100%) returned or will return a site in SNC to compliance. Twenty-three of 23 reviewed enforcement responses (100.0%) returned or will return a secondary violator (SV) to compliance.
Explanation	OEPA promotes return to compliance.
Relevant metrics	File Metric 9A – 10 of 10 (100%) enforcement that returns SNC sites to compliance. File Metric 9B – 23 of 23 (100%) enforcement that returns SV sites to compliance.
State response	State did not provide comment.
Recommendation	No action needed.

Element 10 — Timely and Appropriate Action: Timely and appropriate enforcement action in accordance with policy relating to specific media.

Finding	Area for State Improvement
Description	Six of 13 reviewed SNC designations (46.2%) were addressed in a timely manner, according to OTIS. Twenty-four of 24 reviewed files (100%) demonstrated enforcement responses appropriate to the violations.
Explanation	OEPA has appropriate enforcement responses; however, enforcement taken to address or report SNC is not timely.
Relevant metrics	<p>Data Metric 10A – 6 of 13 (46.2%) timely enforcement taken to address SNC. National Goal is 80%. National Average is 81.8%.</p> <p>File Metric 10B – 24 of 24 (100%) appropriate enforcement taken to address violations.</p>
State response	<p>OEPA believes it has demonstrated appropriate enforcement responses. However, case-specific circumstances related to working out details of closure plans, balancing complex multi-media issues, and making ability to pay determinations prior to finalizing enforcement have contributed to delays. OEPA has included deadlines in its new Compliance Assurance through Enforcement Program which will become evident in the next SRF report.</p> <p>OEPA should, within 90 days of the final report, evaluate whether there are other process improvements that could be made to decrease the amount of time taken for final enforcement action.</p>
Recommendation	<ul style="list-style-type: none"> • By 60 days of the final report, OEPA will update its standard operating procedures and provide training to staff regarding SNC determination entry into RCRAInfo. • Progress will be monitored by Region 5 through annual mid-year file audits and steps will be taken as necessary within 180 days to review implementation of recommended actions.

Element 11 — Penalty Calculation Method: Documentation of gravity and economic benefit in initial penalty calculations using BEN model or other method to produce results consistent with national policy and guidance.

Finding	Meets Expectations
Description	Nine of 9 reviewed penalty calculations (100%) considered and included, where appropriate, gravity and economic benefit.
Explanation	OEPA considers and includes gravity and economic benefit into its penalty calculations.
Relevant metrics	Files Metric 11A – 9 of 9 (100%) penalty calculations include gravity and economic benefit.
State response	State did not provide comment.
Recommendation	No action needed.

Element 12 — Final Penalty Assessment and Collection: Differences between initial and final penalty and collection of final penalty documented in file.

Finding	Area for State Attention
Description	Six of 8 reviewed penalties (75.0%) documented the difference between the initial and final assessed penalty, and the rationale for that difference. Eight of nine reviewed files (88.9%) documented collection of penalty.
Explanation	<p>In one file, rationale regarding penalty adjustment was not clear from reading the narrative. One file had no documentation of rationale for penalty adjustment. One file documented follow-up actions to collect penalty; however, penalty has yet to be collected.</p> <p>This finding is only an Area of State Attention because the Region believes that OEPA can improve performance in this area on its own without a recommendation. Region 5 will monitor progress in the future.</p>
Relevant metrics	<p>File Metric 12A – 6 of 8 (75.0%) documentation on difference between initial and final penalty.</p> <p>File Metric 12B – 8 of 9 (88.9%) penalties collected.</p>
State response	State did not provide comment.
Recommendation	No action needed.

Appendix A: Data Metric Analysis

Attached below are the results of the SRF data metric analyses. All data metrics are analyzed prior to the on-site file review. This provides reviewers with essential advance knowledge of potential problems. It also guides the file selection process as these potential problems highlight areas for supplemental file review.

The initial findings are preliminary observations. They are used as a basis for further investigation during the file review and through dialogue with the state. Where applicable, this analysis evaluates state performance against the national goal and average. Final findings are developed only after evaluating the data alongside file review results and details from conversations with the state. Through this process, initial findings may be confirmed or modified. Final findings are presented in Section III of this report.

Clean Water Act

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
1a1	Number of Active NPDES Majors with Individual Permits	Data Verification	State			298					
			EPA			0					
1a2	Number of Active NPDES Majors with General Permits	Data Verification	State			0					
			EPA			0					
1a3	Number of Active NPDES Non-Majors with Individual Permits	Data Verification	State			3095					
			EPA			0					
1a4	Number of Active NPDES Non-Majors with General Permits	Data Verification	State			1				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			0					
1b1	Permit Limits Rate for Major Facilities	Goal	State	>= 95%	98.6%	100%	298	298	0	Meets Expectations	

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
			EPA	>= 95%	98.8%	0/0	0	0	0		
1b2	DMR Entry Rate for Major Facilities.	Goal	State	>= 95%	96.5%	93.5%	26402	28235	1833	Meets Expectations	
			EPA	>= 95%	98.4%	0/0	0	0	0		
1b3	Number of Major Facilities with a Manual Override of RNC/SNC to a Compliant Status	Data Verification	State				0				
			EPA				0				
1c1	Permit Limits Rate for Non-Major Facilities	Informational only	State		66.1%	99.7%	3087	3095	8		
			EPA		87.5%	0/0	0	0	0		
1c2	DMR Entry Rate for Non-Major Facilities.	Informational only	State		72.6%	93.5%	74100	79216	5116		
			EPA		87.2%	0/0	0	0	0		
1e1	Facilities with Informal Actions	Data Verification	State				518				
			EPA				1				
1e2	Total Number of Informal Actions at CWA NPDES Facilities	Data Verification	State				760				
			EPA				1				
1f1	Facilities with Formal Actions	Data Verification	State				35				
			EPA				6				
1f2	Total Number of Formal Actions at CWA NPDES Facilities	Data Verification	State				35				
			EPA				3				

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
1g1	Number of Enforcement Actions with Penalties	Data Verification	State			27					
			EPA			1					
1g2	Total Penalties Assessed	Data Verification	State			\$678,860					
			EPA			\$600,000					
2a1	Number of formal enforcement actions, taken against major facilities, with enforcement violation type codes entered.	Data Verification	State	95%		3				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			1					
5a1	Inspection Coverage - NPDES Majors	Goal metric	State	100% state's CMS Plan commitment	54.4%	64.8%	193	298	105	Meets Expectations	
			EPA		3.8%	.7%	2	298	296		
5b1	Inspection Coverage - NPDES Non-Majors	Goal metric	State	100% state's CMS Plan commitment	23.7%	40.6%	1258	3095	1837	Meets Expectations	
			EPA		.8%	0%	0	3095	3095		
5b2	Inspection Coverage - NPDES Non-Majors with General Permits	Goal metric	State	100% state's CMS Plan commitment	19.2%	0/0	0	0	0	Supplemental Review	Confirm numbers with OEPA during file review.
			EPA		1%	0/0	0	0	0		
7a1	Number of Major Facilities with Single Event Violations	Data Verification	State			3				Supplemental Review	Number is incorrect. EPA expects to see SEVs identified as required for majors.
			EPA			0					

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
7a2	Number of Non-Major Facilities with Single Event Violations	Informational only	State			4				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			0					
7b1	Compliance schedule violations	Data Verification	State			2				Supplemental Review	Confirm numbers with OEPA during file review. 2 seems low.
			EPA			0					
7c1	Permit schedule violations	Data Verification	State			262				Supplemental Review	Confirm numbers with OEPA during file review. 262 seems high.
			EPA			0					
7d1	Major Facilities in Noncompliance	Review Indicator	State		71.2%	77.2%	230	298	68		
			EPA		63%	0/0	0	0	0		
7f1	Non-Major Facilities in Category 1 Noncompliance	Data Verification	State			1112					
			EPA			0					
7g1	Non-Major Facilities in Category 2 Noncompliance	Data Verification	State			757					
			EPA			0					
7h1	Non-Major Facilities in Noncompliance	Informational only	State			70.8%	2191	3095	904		
			EPA			0/0	0	0	0		
8a1	Major Facilities in SNC	Review indicator metric	State			73					

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
			EPA			0					
8a2	Percent of Major Facilities in SNC	Review indicator metric	State		22.3%	24.5%	73	298	225	Supplemental Review	SNC rate seems high.
			EPA		29.4%	0/0	0	0	0		
10a1	Major facilities with Timely Action as Appropriate	Goal metric	State	98%		3.1%	1	32	31	Area for State Improvement	EPA expects to see timely action.
			EPA				0	0			

Clean Air Act

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
1a1	Number of Active Major Facilities (Tier I)	Data Verification	State			577				Supplemental Review	Confirm numbers with OEPA during file review. 577 seems low.
			EPA			577					
1a2	Number of Active Synthetic Minors (Tier I)	Data Verification	State			900				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			900					
1a3	Number of Active NESHAP Part 61 Minors (Tier I)	Data Verification	State			45				Supplemental Review	Confirm numbers with OEPA during file review. 45 seems high.

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
			EPA			45					
1a4	Number of Active CMS Minors and Facilities with Unknown Classification (Not counted in metric 1a3) that are Federally-Reportable (Tier I)	Data Verification	State			45				Supplemental Review	Confirm numbers with OEPA during file review. 45 seems high.
			EPA			0					
1a5	Number of Active HPV Minors and Facilities with Unknown Classification (Not counted in metrics 1a3 or 1a4) that are Federally-Reportable (Tier I)	Data Verification	State			4				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			5					
1a6	Number of Active Minors and Facilities with Unknown Classification Subject to a Formal Enforcement Action (Not counted in metrics 1a3, 1a4 or 1a5) that are Federally-Reportable (Tier II)	Data Verification	State			40					
			EPA			22					
1b1	Number of Active Federally-Reportable NSPS (40 C.F.R. Part 60) Facilities	Data Verification	State			566				Supplemental Review	Confirm numbers with OEPA during file review. 566 seems high.
			EPA			570					
1b2	Number of Active Federally-Reportable NESHAP (40 C.F.R. Part 61) Facilities	Data Verification	State			97					
			EPA			97					
1b3	Number of Active Federally-Reportable MACT (40 C.F.R. Part 63) Facilities	Data Verification	State			479				Supplemental Review	Confirm numbers with OEPA during file review. 479

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
											seems high.
			EPA			484					
1b4	Number of Active Federally-Reportable Title V Facilities	Data Verification	State			577				Supplemental Review	Confirm numbers with OEPA during file review. 577 seems low.
			EPA			578					
1c1	Number of Tier I Facilities with an FCE (Facility Count)	Data Verification	State			546				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			0					
1c2	Number of FCEs at Tier I Facilities (Activity Count)	Data Verification	State			557					
			EPA			0					
1c3	Number of Tier II Facilities with FCE (Facility Count)	Data Verification	State			2					
			EPA			0					
1c4	Number of FCEs at Tier II Facilities (Activity Count)	Data Verification	State			2					
			EPA			0					
1d1	Number of Tier I Facilities with Noncompliance Identified (Facility Count)	Data Verification	State			229					
			EPA			35					
1d2	Number of Tier II Facilities with Noncompliance Identified (Facility Count)	Data Verification	State			5					

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
			EPA			0					
1e1	Number of Informal Enforcement Actions Issued to Tier I Facilities (Activity Count)	Data Verification	State			134				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			23					
1e2	Number of Tier I Facilities Subject to an Informal Enforcement Action (Facility Count)	Data Verification	State			119				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			18					
1f1	Number of HPVs Identified (Activity Count)	Data Verification	State			26					
			EPA			8					
1f2	Number of Facilities with an HPV Identified (Facility Count)	Data Verification	State			25					
			EPA			7					
1g1	Number of Formal Enforcement Actions Issued to Tier I Facilities (Activity Count)	Data Verification	State			16				Supplemental Review	Confirm numbers with OEPA during file review. 16 seems low.
			EPA			17					
1g2	Number of Tier I Facilities Subject to a Formal Enforcement Action (Facility Count)	Data Verification	State			16				Supplemental Review	Confirm numbers with OEPA during file review. 16 seems low.
			EPA			13					
1g3	Number of Formal Enforcement Actions Issued to Tier II Facilities (Activity Count)	Data Verification	State			6					

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
			EPA			6					
1g4	Number of Tier II Facilities Subject to a Formal Enforcement Action (Facility Count)	Data Verification	State			6					
			EPA			6					
1h1	Total Amount of Assessed Penalties	Data Verification	State			\$534,625					
			EPA			\$1,852,184					
1h2	Number of Formal Enforcement Actions with an Assessed Penalty	Data Verification	State			15					
			EPA			3					
1i1	Number of Stack Tests with Passing Results	Data Verification	State			873					
			EPA			0					
1i2	Number of Stack Tests with Failing Results	Data Verification	State			48					
			EPA			0					
1i3	Number of Stack Tests with Pending Results	Data Verification	State			0					
			EPA			0					
1i4	Number of Stack Tests with No Results Reported	Data Verification	State			0					
			EPA			0					
1i5	Number of Stack Tests Observed & Reviewed	Data Verification	State			921					
			EPA			0					

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
1i6	Number of Stack Tests Reviewed Only	Data Verification	State			0					
			EPA			0					
1j	Number of Title V Annual Compliance Certifications Reviewed	Data Verification	State			584					
			EPA			0					
2a	Major Sources Missing CMS Source Category Code	Review Indicator	State			12				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			12					
3a1	Timely Entry of HPV Determinations	Review Indicator	State	<60 days		22				Meets Expectations	
			EPA			2					
3a2	Untimely Entry of HPV Determinations	Goal	State	<60 days		4				Meets Expectations	
			EPA			6					
3b1	Timely Reporting of Compliance Monitoring Minimum Data Requirements	Goal	State	100%	78.6%	82.1%	938	1143	205	Area for State Improvement	EPA expects timely reporting of Compliance Monitoring MDRs.
			EPA	100%	73.4%	0/0	0	0	0		
3b2	Timely Reporting of Stack Test Minimum Data Requirements	Goal	State	100%	75.5%	62.8%	578	921	343	Area for State Improvement	EPA expects timely reporting of stack test MDRs.
			EPA	100%	85.7%	0/0	0	0	0		
3b3	Timely Reporting of Enforcement Minimum Data Requirements	Goal	State	100%	76.1%	80.3%	126	157	31	Area for State Improvement	EPA expects timely reporting

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
											of Enforcement MDRs.
			EPA	100%	68.6%	95.7%	44	46	2		
5a	FCE Coverage Major	Goal	State	100%	90%	92.2%	282	306	24	Meets Expectations	
			EPA	100%	49.1%	0/0	0	0	0		
5b	FCE Coverage SM-80	Goal	State	100%	90.6%	95.2%	139	146	7	Meets Expectations	
			EPA	100%	0%	0/0	0	0	0		
5c	FCE Coverage Synthetic Minors (non SM-80)	Goal	State	100%	66.7%	0/0	0	0	0	N/A	
			EPA	100%	0%	0/0	0	0	0		
5d	FCE Coverage Minors	Goal	State	100%	11.7%	0/0	0	0	0	N/A	
			EPA	100%	0%	0/0	0	0	0		
5e	Review of Title V Annual Compliance Certifications Completed	Goal	State	100%	72.5%	83.4%	481	577	96	Area for State Improvement	EPA expects review of Title V Annual Compliance Certifications completed.
			EPA	100%	1%	0%	0	578	578		
7b1	Alleged Violations Reported Per Informal Enforcement Actions (Tier I only)	Goal	State	100%	62.2%	14.3%	17	119	102	Area for State Improvement	EPA expects alleged violations reported per informal enforcement actions.
			EPA	100%	52.6%	44.4%	8	18	10		

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
7b2	Alleged Violations Reported Per Failed Stack Tests	Review Indicator	State		54%	18.2%	4	22	18	Supplemental Review	Confirm numbers with OEPA during file review.
			EPA		0%	0/0	0	0	0		
7b3	Alleged Violations Reported Per HPV Identified	Goal	State	100%	69.6%	42.9%	6	14	8	Area for State Improvement	EPA expects alleged violations reported per HPV identified.
			EPA	100%	40.6%	50%	3	6	3		
8a	HPV Discovery Rate Per Major Facility Universe	Review Indicator	State		3.9%	2.4%	14	577	563	Supplemental Review	Confirm numbers with OEPA during file review.
			EPA		.4%	1%	6	577	571		
8b	HPV Reporting Indicator at Majors with Failed Stack Tests	Review Indicator	State		20.5%	0%	0	2	2		
			EPA		0%	0/0	0	0	0		
10a	HPV cases which meet the timeliness goal of the HPV Policy	Review Indicator	State		63.7%	36.7%	11	30	19	Supplemental Review	Confirm numbers with OEPA during file review.
			EPA		48.6%	20%	2	10	8		

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Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
1a1	Number of operating TSDFs	Data Verification	State			34					
			EPA			34					
1a2	Number of active LQGs	Data Verification	State			1547					
			EPA			1547					
1a3	Number of active SQGs	Data Verification	State			8699				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			8699					
1a4	All other active sites	Data Verification	State			10591					
			EPA			10591					
1a5	Number of BR LQGs	Data Verification	State			739					
			EPA			739					
1b1	Number of sites inspected	Data Verification	State			803					
			EPA			32					
1b2	Number of inspections	Data Verification	State			849					
			EPA			32					
1c1	Number of sites with new violations during review year	Data Verification	State			464					
			EPA			19					

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
1c2	Number of sites in violation at any time during the review year regardless of determination date	Data Verification	State			808					
			EPA			113					
1d1	Number of sites with informal enforcement actions	Data Verification	State			518					
			EPA			24					
1d2	Number of informal enforcement actions	Data Verification	State			598				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			25					
1e1	Number of sites with new SNC during year	Data Verification	State			8				Supplemental Review	Confirm numbers with OEPA during file review.
			EPA			2					
1e2	Number of sites in SNC regardless of determination date	Data Verification	State			58					
			EPA			8					
1f1	Number of sites with formal enforcement actions	Data Verification	State			26					
			EPA			2					
1f2	Number of formal enforcement actions	Data Verification	State			29					
			EPA			3					
1g	Total dollar amount of final penalties	Data Verification	State			\$523,987					
			EPA			\$21,362					

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
1h	Number of final formal actions with penalty in last 1 FY	Data Verification	State			24					
			EPA			1					
2a	Long-standing secondary violators	Review Indicator	State			215				Supplemental Review	Confirm numbers with OEPA during file review. 215 seems low.
			EPA			74					
5a	Two-year inspection coverage for operating TSDFs	Goal	State	100%	89.4%	97.1%	33	34	1	Meets Expectations	
			Combined	100%	94.2%	97.1%	33	34	1		
5b	Annual inspection coverage for LQGs	Goal	State	20%	22.6%	25.6%	189	739	550	Meets Expectations	
			Combined	20%	24.7%	26.9%	199	739	540		
5c	Five-year inspection coverage for LQGs	Goal	State	100%	62.9%	81.6%	603	739	136	Area for State Attention	Confirm numbers with OEPA during file review. EPA will verify universe.
			Combined	100%	67.6%	85.4%	631	739	108		
5d	Five-year inspection coverage for active SQGs	Informational Only	State		11%	5.6%	483	8699	8216		
			Combined		11.6%	5.7%	496	8699	8203		
5e1	Five-year inspection coverage at other sites (CESQGs)	Informational Only	State			937					
			Combined			941					
5e2	Five-year inspection coverage at other sites (Transporters)	Informational Only	State			37					

Metric	Metric Name	Metric Type	Agency	Natl Goal	Natl Avg	Ohio	Count	Universe	Not Counted	Initial Findings	Explanation
			Combined			39					
5e3	Five-year inspection coverage at other sites (Non-notifiers)	Informational Only	State			5					
			Combined			5					
5e4	Five-year inspection coverage at other sites (not covered by metrics 5a-5e3)	Informational Only	State			1576					
			Combined			1581					
7b	Violations found during inspections	Review Indicator	State		32.5%	50%	401	802	401		
			EPA		33.2%	56.7%	17	30	13		
8a	SNC identification rate	Review Indicator	State		2.1%	.8%	8	951	943	Supplemental Review	Confirm numbers with OEPA during file review. .8% seems low.
			EPA		5.2%	6.3%	2	32	30		
8b	Timeliness of SNC determinations	Goal	State	100%	81.7%	37.5%	3	8	5	Area for State Improvement	EPA expects timely SNC determination.
			EPA	100%	72.2%	50%	1	2	1		
10a	Timely enforcement taken to address SNC	Review Indicator	State	80%	81.8%	46.2%	6	13	7	Supplemental Review	EPA expects timely enforcement to address SNC.
			EPA	80%	33.3%	0%	0	1	1		

Appendix B: File Metric Analysis

This section presents file metric values with EPA's initial observations on program performance. Initial findings are developed by EPA at the conclusion of the file review. Initial findings are statements of fact about observed performance. They should indicate whether there is a potential issue and the nature of the issue. They are developed after comparing the data metrics to the file metrics and talking to the state. Final findings are presented above in the SRF Findings section. Because of limited sample size, statistical comparisons among programs or across states cannot be made.

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CWA Metric #	Description	Numerator	Denominator	Metric Value	Goal	Initial Findings	Details
2b	Files reviewed where data are accurately reflected in the national data system: Percentage of files reviewed where data in the file are accurately reflected in the national data systems	29	40	72.5%	95%	State Improvement	
3a	Timeliness of mandatory data entered in the national data system	34	40	85.0%	100%	State Attention	
4a1	Pretreatment compliance inspections and audits	65	48	135.4%	100% of CMS goal	Meets Requirements	
4a2	Significant industrial user (SIU) inspections for SIUs discharging to non-authorized POTWs	89	60	148.3%	100% of CMS goal	Meets Requirements	
4a3	EPA and state oversight of SIU inspections by approved POTWs	28	21	133.3%	100% of CMS goal	Meets Requirements	
4a4	Major CSO inspections	10	26	38.5%	100% of CMS goal	State Improvement	

CWA Metric #	Description	Numerator	Denominator	Metric Value	Goal	Initial Findings	Details
4a5	SSO inspections	0	0	N/A	100% of CMS goal	Meets Requirements	No SSO commitment.
4a6	Phase I MS4 audits or inspections	1	1	100.0%	100% of CMS goal	Meets Requirements	
4a7	Phase II MS4 audits or inspections	85	as needed	N/A	100% of CMS goal	Meets Requirements	No Phase II MS4 commitment.
4a8	Industrial stormwater inspections	298	291	102.4%	100% of CMS goal	Meets Requirements	
4a9	Phase I and II stormwater construction inspections	1860	1117	166.5%	100% of CMS goal	Meets Requirements	
4a10	Inspections of large and medium NPDES-permitted CAFOs	12	7	171.4%	100% of CMS goal	Meets Requirements	
4a11	Inspections of non-permitted CAFOs	2	0	N/A	100% of CMS goal	Meets Requirements	No CAFO commitment.
4b	Planned commitments completed: CWA compliance and enforcement commitments other than CMS commitments, including work products/commitments in PPAs, PPGs, grant agreements, MOAs, MOUs or other relevant agreements	4	5	80.0%	100%	State Improvement	
6a	Inspection reports reviewed that provide sufficient documentation to determine compliance at the facility	22	28	78.6%	100%	State Improvement	

CWA Metric #	Description	Numerator	Denominator	Metric Value	Goal	Initial Findings	Details
6b	Inspection reports completed within prescribed timeframe: Percentage of inspection reports reviewed that are timely	26	28	92.9%	100%	Meets Requirements	
7e	Inspection reports reviewed that led to an accurate compliance determination	23	28	82.1%	100%	State Improvement	
8b	Single-event violation(s) accurately identified as SNC or non-SNC	0	21	0.0%	100%	State Improvement	
8c	Percentage of SEVs Identified as SNC Reported Timely: Percentage of SEVs accurately identified as SNC that were reported timely	0	3	0.0%	100%	State Improvement	
9a	Percentage of enforcement responses that return or will return source in SNC to compliance	11	16	68.8%	100%	State Improvement	
10b	Enforcement responses reviewed that address SNC that are appropriate to the violations	6	11	54.5%	100%	State Improvement	
11a	Penalty calculations that include gravity and economic benefit: Percentage of penalty calculations reviewed that consider and include, where appropriate, gravity and economic benefit	4	6	66.7%	100%	State Attention	
12a	Documentation on difference between initial and final penalty: Percentage of penalties reviewed that document the difference between the initial and final assessed penalty, and the rationale for that difference	2	6	33.3%	100%	State Improvement	

CWA Metric #	Description	Numerator	Denominator	Metric Value	Goal	Initial Findings	Details
12b	Penalties collected: Percentage of penalty files reviewed that document collection of penalty	6	6	100.0%	100%	Meets Requirements	

Clean Air Act

Review Year: FY 2012

CAA Metric #	CAA File Review Metric Description	Numerator	Denominator	Percentage	Goal	Initial Findings	Details
2b	Accurate MDR data in AFS: Percentage of files reviewed where MDR data are accurately reflected in AFS	12	32	37.5%	100%	State Improvement	
4a1	Planned evaluations completed: Title V Major FCEs	295	293	100.7%	100%	Meets Requirements	
4a2	Planned evaluations completed: SM-80 FCEs	230	222	103.6%	100%	Meets Requirements	
4a3	Planned evaluations completed: Synthetic Minor FCEs	N/A	N/A	N/A	100%	N/A	
4a4	Planned evaluations completed: Other Minor FCEs	N/A	N/A	N/A	100%	N/A	
4a5	Planned evaluations completed: Title V Major PCEs	N/A	N/A	N/A	100%	N/A	
4a6	Planned evaluations completed: SM-80 PCEs	N/A	N/A	N/A	100%	N/A	
4a7	Planned evaluations completed: Synthetic Minor PCEs	N/A	N/A	N/A	100%	N/A	
4a8	Planned evaluations completed: Other Minor PCEs	N/A	N/A	N/A	100%	N/A	
4b	Planned commitments completed: CAA compliance and enforcement commitments other than CMS commitments	1	3	33.3%	100%	State Improvement	

CAA Metric #	CAA File Review Metric Description	Numerator	Denominator	Percentage	Goal	Initial Findings	Details
6a	Documentation of FCE elements: Percentage of FCEs in the files reviewed that meet the definition of a FCE per the CMS policy	10	16	62.5%	100%	State Improvement	
6b	Compliance Monitoring Reports (CMRs) or facility files reviewed that provide sufficient documentation to determine compliance of the facility: Percentage of CMRs or facility files reviewed that provide sufficient documentation to determine facility compliance	16	16	100%	100%	Meets Requirements	
7a	Accuracy of compliance determinations: Percentage of CMRs or facility files reviewed that led to accurate compliance determinations	8	32	25.0%	100%	State Improvement	
8c	Accuracy of HPV determinations: Percentage of violations in files reviewed that were accurately determined to be HPVs	21	21	100%	100%	Meets Requirements	
9a	Formal enforcement responses that include required corrective action that will return the facility to compliance in a specified time frame: Percentage of formal enforcement responses reviewed that include required corrective actions that will return the facility to compliance in a specified time frame	7	9	77.8%	100%	State Improvement	
10a	Timely action taken to address HPVs: Percentage of HPV addressing actions that meet the timeliness standard in the HPV Policy	2	9	22.2%	100%	State Improvement	
10b	Appropriate Enforcement Responses for HPVs: Percentage of enforcement responses for HPVs that appropriately address the violations	5	9	55.6%	100%	State Improvement	

CAA Metric #	CAA File Review Metric Description	Numerator	Denominator	Percentage	Goal	Initial Findings	Details
11a	Penalty calculations reviewed that consider and include gravity and economic benefit: Percentage of penalty calculations reviewed that consider and include, where appropriate, gravity and economic benefit	6	6	100%	100%	State Improvement	
12a	Documentation on difference between initial and final penalty and rationale: Percentage of penalties reviewed that document the difference between the initial and final assessed penalty, and the rationale for that difference	6	6	100%	100%	Meets Requirements	
12b	Penalties collected: Percentage of penalty files reviewed that document collection of penalty	6	6	100%	100%	Meets Requirements	

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Review Year: FY 2012

RCRA Metric #	Name and Description	Numerator	Denominator	Metric %	Goal	Initial Findings	Details
2b	Accurate entry of mandatory data: Percentage of files reviewed where mandatory data are accurately reflected in the national data system	29	30	96.7%	100%	Meets Requirements	
3a	Timely entry of mandatory data: Percentage of files reviewed where mandatory data are entered in the national data system in a timely manner	29	30	96.7%	100%	Meets Requirements	

RCRA Metric #	Name and Description	Numerator	Denominator	Metric %	Goal	Initial Findings	Details
4a	Planned non-inspection commitments completed: Percentage of non-inspection commitments completed in the review year	2	2	100.0%	100%	Meets Requirements	
4b1	Planned inspections completed: LQGs	N/A	N/A	N/A	N/A	N/A	
4b2	Planned inspections completed: SQGs	N/A	N/A	N/A	N/A	N/A	
4b3	Planned inspections completed: CESQGs	N/A	N/A	N/A	N/A	N/A	
4b4	Planned inspections completed: Transporters	N/A	N/A	N/A	N/A	N/A	
6a	Inspection reports complete and sufficient to determine compliance: Percentage of inspection reports reviewed that are complete and provide sufficient documentation to determine compliance	24	30	80.0%	100%	Area for Improvement	
6b	Timeliness of inspection report completion: Percentage of inspection reports reviewed that are completed in a timely manner	23	30	76.7%	100%	Area for Improvement	
7a	Accurate compliance determinations: Percentage of inspection reports reviewed that led to accurate compliance determinations	30	30	100.0%	100%	Meets Requirements	
8c	Appropriate SNC determinations: Percentage of files reviewed in which significant noncompliance (SNC) status was appropriately determined during the review year	30	30	100.0%	100%	Meets Requirements	
9a	Enforcement that returns SNC sites to compliance: Percentage of enforcement responses that have returned or will return a site in SNC to compliance	10	10	100.0%	100%	Meets Requirements	

RCRA Metric #	Name and Description	Numerator	Denominator	Metric %	Goal	Initial Findings	Details
9b	Enforcement that returns SV sites to compliance: Percentage of enforcement responses that have returned or will return a secondary violator to compliance	23	23	100.0%	100%	Meets Requirements	
10b	Appropriate enforcement taken to address violations: Percentage of files with enforcement responses that are appropriate to the violations	24	24	100.0%	100%	Meets Requirements	
11a	Penalty calculations include gravity and economic benefit: Percentage of reviewed penalty calculations that consider and include, where appropriate, gravity and economic benefit	9	9	100.0%	100%	Meets Requirements	
12a	Documentation on difference between initial and final penalty: Percentage of penalties reviewed that document the difference between the initial and final assessed penalty, and the rationale for that difference	6	8	75.0%	100%	Area for Improvement	
12b	Penalties collected: Percentage of files that document collection of penalty	8	9	88.9%	100%	Area for Attention	

Appendix C: File Selection

Files are selected according to a standard protocol using a web-based file selection tool. These are designed to provide consistency and transparency to the process. Based on the description of the file selection process below, states should be able to recreate the results in the table.

Clean Water Act

File Selection Process

Region 5 followed the SRF Round 3 File Selection Protocol. The universe of CWA files (inspections, enforcement actions, and violations reported — occurring during the year reviewed) from which to pick was 2787. Per the Protocol, the range of files selected for a universe that size is 35 to 40. As a result, Region 5 picked 40 files to use for its random, representative file selection which included 3 CAFO files and 2 common enforcement/permitting files. These files are an assortment of the following categories and are geographically distributed across the state:

- Majors or Minors
- Inspections or no inspections
- SNCs or no SNCs
- Informal or formal actions
- Different permit types
- Violation and no violations
- Penalties or no penalties
- Geographic location

File Selection Table

ID Number	Facility Name	Universe	Permit Components	Inspections	Violation	SEV	SNC	Informal Actions	Formal Actions	Penalties	Selection
OH0020583	ADA WWTP	Non-Major	POTW	3	Yes	0	Cat 1	1	0	\$ -	R
OH0000612	AKRON WTP	Non-Major		0	Yes	0	Cat 1	0	0	\$ -	R
OH0006149	AMERICAN ELECTRIC POWER CO	Major		1	Yes	0	No	0	0	\$ -	R

ID Number	Facility Name	Universe	Permit Components	Inspections	Violation	SEV	SNC	Informal Actions	Formal Actions	Penalties	Selection
	MUS										
OH0001201	AUTOMOTIVE COMPONENTS HOLDINGS	Non-Major		0	Yes	0	Cat 1	0	0	\$ -	R
OH0006653	BUCKEYE STEEL CASTINGS CO	Non-Major		1	Yes	0	Cat 1	0	0	\$ -	R
OH0023493	CONVOY WWTP	Non-Major	POTW	1	Yes	0	No	2	0	\$ -	R
OH0044725	COUNTRY CLUB INC	Non-Major		1	Yes	0	No	0	0	\$ -	R
OH0000116	CSX TRANSPORTATION INC WILLARD	Non-Major		0	Yes	0	No	0	2	\$ 260,000.00	R
OH0007269	DOVER CHEMICAL CORPORATION	Major		0	Yes	0	SNC	2	1	\$ -	R
OH0001121	FIRSTENERGY ASHTABULA C PLANT	Major		1	Yes	0	SNC	1	0	\$ -	R
OH0006092	FLUOR - B&W PORTSMOUTH LLC	Non-Major		2	Yes	0	Category 1	0	0	\$ -	R
OH0050407	GALLIA CO MEADOWLOOK SUBDIVISI	Non-Major	POTW	0	Yes	0	Cat 1	0	0	\$ -	R
OH0002640	GENERAL MOTORS LLC	Non-Major		0	Yes	0	No	0	0	\$ -	R
OH0021300	GEORGETOWN STP	Major	POTW, Pretreatment	1	Yes	0	SNC	1	0	\$ -	R
OH0005151	HANSON AGGREGATES DAVON INC PLUM RUN	Non-Major		1	Yes	0	Cat 1	0	0	\$ -	R

ID Number	Facility Name	Universe	Permit Components	Inspections	Violation	SEV	SNC	Informal Actions	Formal Actions	Penalties	Selection
	STONE DIV										
OH0021440	HARRISON STP	Major	POTW, Pretreatment	3	Yes	0	SNC	1	2	\$ 10,800.00	R
OH0021539	HEBRON STP	Non-Major	Biosolids, POTW, Pretreatment	3	Yes	2	No	5	0	\$ -	R
OH0024678	INDIAN CREEK WWTP	Non-Major	POTW	0	Yes	0	Category 1	0	0	\$ -	R
OH0025861	JACKSON CENTER WWTP	Non-Major	Biosolids, POTW	1	Yes	0	Cat 1	1	0	\$ -	R
OH0025925	KENTON WWTP	Major	Biosolids, POTW, Pretreatment	1	Yes	0	SNC	0	0	\$ -	R
OH0036242	KNOLLWOOD VILLAGE SUBDIV WWTP	Non-Major	POTW	1	Yes	0	No	0	0	\$ -	R
OH0036790	MADISON WWTP NO 1	Major	POTW, Pretreatment	1	No	0	No	0	0	\$ -	R
OH0020168	MILLERSBURG WWTP	Non-Major	Biosolids, POTW	1	Yes	0	No	0	1	\$ -	R
OH0026646	MT ORAB STP	Non-Major	POTW, Pretreatment	0	Yes	0	Cat 1	0	0	\$ -	R
OH0022110	NEWTON FALLS WPC	Major	Biosolids, POTW	1	Yes	0	No	1	0	\$ -	R
OH0026794	NORTH ROYALTON A WWTP	Major	POTW	1	Yes	0	No	0	0	\$ -	R
OH0023396	OHIO CITY WWTP	Non-Major	POTW	3	Yes	0	Cat 1	5	0	\$ -	R
OH0012661	OHIO VALLEY COAL COMPANY	Non-Major		1	No	0	No	1	0	\$ -	R

ID Number	Facility Name	Universe	Permit Components	Inspections	Violation	SEV	SNC	Informal Actions	Formal Actions	Penalties	Selection
OH0052698	PETTISVILLE WWTP	Non-Major	POTW, Pretreatment	1	Yes	0	No	0	0	\$ -	R
OH0037699	PIKE LAKE STATE PARK WWTP	Non-Major	POTW	1	Yes	0	Cat 1	1	0	\$ -	R
OH0038717	PORTAGE CO FRANKLIN HILLS WWTP	Major	POTW	0	Yes	0	SNC	0	0	\$ -	R
OH0046973	SAINT JOHN THE BAPTIST CHURCH	Non-Major		1	Yes	0	Cat 1	2	0	\$ -	R
OH0132811	SCHILDERINK DAIRY	Non-Major		1	Yes	0	Cat 1	0	0	\$ -	R
OH0020087	SPENCERVILLE STP	Non-Major	POTW	0	Yes	0	No	0	0	\$ -	R
OH0132802	SUGAR LANE DAIRY	Non-Major		1	Yes	0	Cat 1	0	0	\$ -	R
OH0027740	TOLEDO BAY VIEW PARK WWTP	Major	Biosolids, POTW, Pretreatment	0	Yes	1	No	0	1	\$ -	R
OH0135691	VANDER MADE DAIRY LLC	Non-Major		1	No	0	No	0	0	\$ -	R
OH0023612	VERMILION WPCF	Major	Biosolids, POTW	1	Yes	0	SNC	0	1	\$ 12,000.00	R
OH0045322	W CARROLLTON PARCHMENT CO	Major		1	Yes	0	No	1	2	\$ 5,064.00	R
OH0027987	WARREN WWTP	Major	POTW, Pretreatment	3	Yes	0	No	2	0	\$ -	R

Clean Air Act

File Selection Process

Region 5 followed the SRF Round 3 File Selection Protocol. The universe of CAA files (inspections, enforcement actions, and violations reported — occurring during the year reviewed) from which to pick was 782. Per the Protocol, the range of files selected for a universe that size is 30 to 35. As a result, Region 5 picked 32 files to use for its random, representative file selection. These files are an assortment of the following categories and are geographically distributed across the state:

- Major sources and SM-80s
- Full and Partial Compliance Evaluations (FCEs/PCEs)
- Violations and no violations
- Stack tests
- Title V Annual Compliance Certification
- High Priority Violations (HPVs) and no HPVs
- Informal and formal actions
- Penalties and no penalties

File Selection Table

ID Number	Facility Name	County Code	Universe	Full Compliance	Stack Tests Failed	Violations	HPVs	Informal Actions	Formal Actions	Penalties	Selection
3901700001	AK STEEL CORPORATION	017	Major	1	0	2	2	7	0	\$ -	R
3903501254	ALL-FOILS, INC.	035	Synthetic Minor	0	0	0	2	1	0	\$ -	R
3903500069	ARCELORMITTAL	035	Major	1	0	1	0	0	0	\$ -	R
3903500656	AUTOMATED PACKAGING SYSTEMS	035	Major	1	0	0	0	1	0	\$ -	R

ID Number	Facility Name	County Code	Universe	Full Compliance	Stack Tests Failed	Violations	HPVs	Informal Actions	Formal Actions	Penalties	Selection
3914300001	CARMEUSE LIME INC MILLERSVILLE OPERATION	143	Major	0	0	1	0	0	1	\$ 117,868.00	R
3916700037	CHURCHTOWN COMPRESSOR STATION (COBRA PI	167	Major	1	0	0	0	1	0	\$ -	R
3915500004	CSC, LIMITED	155	Tier I Minor	0	0	1	0	0	1	\$ -	R
3909900183	EAST OHIO GAS AUSTINTOWN STATION	099	Synthetic Minor	0	2	0	0	1	0	\$ -	R
3915500179	ELLWOOD ENGINEERED CASTINGS	155	Major	0	0	0	0	0	1	\$ 16,000.00	R
3916700001	GLOBE METALLURGICAL INC.	167	Major	0	0	1	0	0	0	\$ -	R
3915700122	HOWDEN NORTH AMERICAN, INC.	157	Major	0	0	1	0	0	1	\$ 87,480.00	R
3915700093	IMCO RECYCLING OF OHIO LLC	157	Major	0	2	0	0	0	0	\$ -	R
3906100439	KDM SIGNS INC.	061	Synthetic Minor	0	0	0	0	1	0	\$ -	R
3916500291	KNAUF USA POLYSTYRENE	165	Synthetic Minor	0	0	0	0	1	0	\$ -	R
3909500099	LIBBEY GLASS INC.	095	Major	1	0	0	0	1	0	\$ -	R
3904100011	LIBERTY CASTING COMPANY, LLC	041	Major	0	6	0	0	0	0	\$ -	R
3902900071	MAC MANUFACTURING, INC.	029	Synthetic Minor	1	0	0	0	1	0	\$ -	R

ID Number	Facility Name	County Code	Universe	Full Compliance	Stack Tests Failed	Violations	HPVs	Informal Actions	Formal Actions	Penalties	Selection
3910300028	MEDINA COMPRESSOR STATION	103	Major	1	0	0	0	0	0	\$ -	R
3909900038	METALICO YOUNGSTOWN, INC.	099	Synthetic Minor	0	0	1	0	0	1	\$ 43,905.00	R
3900300024	NICKLES BAKERY OF OHIO INC.	003	Major	0	0	1	0	0	0	\$ -	R
3909300053	OBERLIN COLLEGE	093	Major	1	12	0	0	2	0	\$ -	R
3914100001	P. H. GLATFELTER COMPANY - CHILLICOTHE F	141	Major	1	0	0	0	0	0	\$ -	R
3909500047	PEXCO PACKAGING CORP	095	Synthetic Minor	1	0	0	0	1	0	\$ -	R
3913700024	POET BIOREFINING - LEIPSIC	137	Synthetic Minor	0	0	0	0	0	1	\$ -	R
3903501214	R. O. APELT SONS INC.	035	Synthetic Minor	1	0	0	0	0	0	\$ -	R
3917300049	REED NATIONAL AIR PRODUCTS GROUP - BRADN	173	Synthetic Minor	1	0	0	0	0	0	\$ -	R
3904900157	COLUMBUS SOUTHERLY WASTEWATER TREATMENT	049	Major	0	0	0	1	1	0	\$ -	R
3916900183	RITTMAN INC. DBA MULL IRON	169	Synthetic Minor	0	0	0	0	1	0	\$ -	R
3915300045	STEEL STRUCTURES OF OHIO	153	Synthetic Minor	1	0	0	0	2	0	\$ -	R
3917500031	STONECO, INC.	175	Synthetic Minor	1	0	0	0	0	0	\$ -	R

ID Number	Facility Name	County Code	Universe	Full Compliance	Stack Tests Failed	Violations	HPVs	Informal Actions	Formal Actions	Penalties	Selection
3904900152	THE OHIO STATE UNIVERSITY	049	Major	0	0	1	0	0	0	\$ -	R
3917100006	TITAN TIRE CORPORATION OF BRYAN	171	Major	0	0	1	0	0	1	\$ 15,000.00	R

Resource Conservation and Recovery Act

File Selection Process

Region 5 followed the SRF Round 3 File Selection Protocol. The universe of RCRA files (inspections, enforcement actions, and violations reported — occurring during the year reviewed) from which to pick was 974. Per the Protocol, the range of files selected for a universe that size is 30 to 35. As a result, Region 5 picked 31 files to use for its random, representative file selection. These files are an assortment of the following categories and are geographically distributed across the state:

- Generator status (LQG, SQG, CESQG, Transporter and TSDF)
- Violations and non-violations
- Evaluations
- SNCs
- Informal or formal actions
- Penalties or no penalties.

File Selection Table

ID Number	Facility Name	County Code	Universe	Inspections	Violations	SNC	Informal Actions	Formal Actions	Penalty	Selection
OHD987052164	ADVANTAGE TOWING AND SALVAGE	OH007		1	4	0	1	0	\$ -	R
OHD042311209	ASHLAND INC	OH049	LQG Transporter	2	4	0	0	0	\$ -	R
OHD018443838	AUDI WILLOUGHBY	OH085	CESQG	1	0	0	0	0	\$ -	R

ID Number	Facility Name	County Code	Universe	Inspections	Violations	SNC	Informal Actions	Formal Actions	Penalty	Selection
OHD044442978	B AND W DIESEL	OH061	SQG	1	1	0	1	0	\$ -	R
OHR000040931	BAILEY PVS OXIDES	OH051	SQG	0	0	0	2	1	\$ 45,000.00	R
OHR000148817	BUTCH PIPER JUNKYARD	OH107		0	0	0	1	0	\$ -	R
OHR000029140	BYERS FORD LINCOLN	OH041	CESQG	1	0	0	0	0	\$ -	R
OHD039454798	CORNWELL QUALITY TOOLS COMPANY	OH153	SQG	1	12	1	2	1	\$ 4,000.00	R
OHR000166025	CUTTING EDGE COUNTERTOPS	OH173		1	2	0	1	0	\$ -	R
OHD004222378	DEMILTA IRON & METAL	OH085		1	2	0	1	0	\$ -	R
OHD058383126	DUBRO OIL CO	OH035		0	0	1	1	2	\$ 5,120.00	R
OHD079438081	DYER BROTHERS CO INC	OH053		1	6	0	1	0	\$ -	R
OHD045243706	ENVIROSAFE SERVICES OF OHIO INC	OH095	TSDf LQG	4	5	0	5	0	\$ -	R
OHD000821454	ESAB WELDING AND CUTTING PRODUCTS INC	OH007	CESQG	1	0	0	0	0	\$ -	R
OHR000037622	FIRST SOLAR	OH173	LQG	1	2	0	1	0	\$ -	R
OHD046424875	GLOBAL METERING SYSTEMS	OH045	SQG	0	0	0	0	2	\$ 34,595.00	R
OHD005034301	HEINZ NORTH AMERICA	OH143	SQG	0	4	1	3	0	\$ -	R
OHD001926740	HUKILL ENVIRONMENTAL SERVICES	OH035	TSDf LQG Transporter	3	5	1	2	2	\$ 29,960.00	R

ID Number	Facility Name	County Code	Universe	Inspections	Violations	SNC	Informal Actions	Formal Actions	Penalty	Selection
OHD980682702	INTERNATIONAL CONVERTER LLC	OH121	LQG	1	4	0	1	0	\$ -	R
OHR000142380	KROGER #935	OH113	CESQG	1	2	0	1	0	\$ -	R
OHD986975068	OHIO UNIVERSITY THE RIDGES AREA 10	OH009	SQG	0	0	0	0	1	\$ 44,980.00	R
OHD004304689	PPG INDUSTRIES OHIO INC	OH129	TSDf LQG	2	5	0	2	0	\$ -	R
OHD986986578	SPEAR USA	OH165	LQG	1	3	0	1	0	\$ -	R
OHD980615173	TEXAS EASTERN TRANSMISSION LP LEBANON TERMINAL	OH165	LQG	1	0	0	0	0	\$ -	R
OHD004166575	THE ART GALVANIZING WORKS INC	OH035	LQG	1	8	0	1	0	\$ -	R
OHD005034608	THE OHIO ART COMPANY	OH171	LQG	1	2	0	1	0	\$ -	R
OHT400013058	THOMPSON WASTE OIL	OH145		0	0	0	0	1	\$ 20,000.00	R
OHD054821103	ULLMANS BODY SHOP	OH167	CESQG	1	0	0	0	0	\$ -	R
OHR000109819	USA LAMP & BALLAST RECYCLING INC	OH061	TSDf CESQG Transporter	1	0	0	0	0	\$ -	R
OHD101513984	WARD TRUCKING LLC	OH153	CESQG	0	0	0	0	1	\$ 96,000.00	R
OHD004184768	ZACLON LLC	OH035	LQG	0	5	0	1	0	\$ -	R

Appendix D: Status of Past SRF Recommendations

During the Round 1 SRF review of Ohio's compliance and enforcement programs, EPA Region 5 recommended actions to address issues found during the review. The following table contains all outstanding recommendations for Round 1. For a complete and up-to-date list of recommendations from Rounds 1, visit the [SRF website](#).

Round	Status	Due Date	Media	E#	Element	Finding	Recommendation
OH - Round 1	Long Term Resolution	8/1/2011	RCRA	E2	Violations ID'ed Appropriately	Inspections reports don't have adequate narrative.	Have program discussions between U.S. EPA and OEPA regarding requirements of inspection reports.
OH - Round 1	Long Term Resolution	6/1/2011	CAA	E13	Other	Lack of narrative in CMRs.	Revise CMR format or instructions for its use to allow for more documented information.
OH - Round 1	Long Term Resolution	6/1/2011	CAA	E7	Penalty Calculations	Economic benefit explanations not in some case files.	Provide economic benefit explanation in case files.
OH - Round 1	Not Completed in Round 1 - Identified in Round 2	6/1/2011	CWA	E11	Data Accurate	Reporting not accurate.	Enter ICIS-NPDES transition data.

Appendix E: Program Overview

Agency Structure

Ohio EPA contains five regional areas referred to as “districts,” and has offices in each of these five areas: Northeast District Office (NEDO), Northwest District Office (NWDO), Southeast District Office (SEDO), Southwest District Office (SWDO) and Central District Office (CDO). There is also a central headquarters office located in Columbus, Ohio.

Compliance and Enforcement Program Structure

Ohio EPA has a comprehensive Compliance Assurance Enforcement Program which became effective on September 15, 2011 (and was updated on July 15, 2012). Each media program (air, surface water, drinking water, solid waste, hazardous waste, etc.) has its own compliance and enforcement program specifications and procedures, which are included in an appendix to the general document. The current program document is attached.

Major State Priorities and Accomplishments

The Legal Division, with input from each program’s enforcement group, developed a new Compliance Assurance through Enforcement Program that became effective on September 1, 2011. Director Nally requested and approved this new approach to enforcement to achieve uniform, clear and timely compliance with Ohio’s environmental laws and regulations. Compliance methods range from technical assistance, education and outreach to civil and criminal enforcement through referral to the Ohio Attorney General, with several steps in between depending upon specific circumstances. In selecting a compliance method, the primary objective is to select the tool that is most likely to result in timely compliance and the best environmental protection.

The most drastic policy change is that Ohio EPA now only allows nine months for a regulated entity to reach an administrative settlement with the agency, starting from the date of the agency’s invitation to negotiate. If a settlement is not reached within nine months, the case is referred to the Ohio Attorney General for enforcement. Previously, the agency would allow a regulated entity up to two years, and sometimes longer, to reach an administrative settlement before referring the case to the Ohio Attorney General. There are several other new timelines in the agency’s enforcement process with the goal of timely compliance.

Another important change is the requirement for inspectors to draft a Compliance and Enforcement Plan (for internal use only) each time an incident of significant non-compliance occurs for review and approval by the division’s enforcement committee.

The plan recommends the enforcement tool most likely to result in timely compliance based upon the nature of the violation and the regulated entity's compliance history. This regulated entity-specific plan is a "living document" that can be amended each time a new compliance matter is identified by Ohio EPA and it serves as a blueprint for achieving full compliance.

One of the new tools designed is the offer of an Expedited Enforcement Agreement which is an expedited pre-contest settlement agreement that reduces the prescribed penalty amount in exchange for prompt, documented abatement of the documented violations and an agreement that the regulated entity will not contest the settlement agreement. The Expedited Settlement Agreement provides the regulated entity with an incentive for prompt compliance with Ohio's environmental laws and reduces the time and resources spent on contested cases. The new program document was amended on July 15, 2012 and is attached.

A. DIVISION OF SURFACE WATER

Roles and Responsibilities

Most enforcement actions in the Division of Surface Water (DSW) are handled administratively with our own legal staff. The more egregious actions with greater civil penalties are referred over to the Ohio Attorney General's Office.

Local Agencies Included and Excluded from Review

N/A for DSW

Resources

DSW Total FTEs – 214.0

Inspectors* - 48.0 FTEs

Attorneys – 3.5 FTEs

AGO – 6.0 FTEs

District Offices:

- NEDO – 12 FTEs
- NWDO – 11 FTEs
- SEDO – 8 FTEs
- SWDO – 10 FTEs
- CDO – 7 FTEs

*These resources cover all programs of DSW, not just the NPDES program (i.e., permit renewal, inspections, permits to install, compliance investigations)

DSW inspectors state-wide must oversee compliance and renewal of 3,043 minor National Pollutant Discharge Elimination System (NPDES) permits and 292 major NPDES permits. District Office staff, on average, covers a range of 70-120 NPDES permitted facilities.

Staffing and Training

We are fully staffed as permitted. All new staff members receive appropriate training, based on assigned job duties. Additional training is provided annually or as needed to ensure staff members are able to meet performance expectations of the division.

Data Reporting Systems and Architecture

Data is submitted into the Integrated Compliance Information System (ICIS) – NPDES data base in accordance with USEPA.

Ohio EPA DSW deployed a new electronic data reporting system for Discharge Monitoring Reports (DMR) on October 22, 2007. Called eDMR, the system replaced DSW's SWIMware software program and hardcopy reports.

eDMR is an online application accessed through the CROMERR compliant eBusiness Center. Highlights of the new e-DMR system include:

- eDMR is linked to permit information in the Surface Water Information Management System (SWIMS) so DMR templates are pre-populated with correct parameters and frequencies.
- DMR information can be entered three ways: 1) direct input into the online-form; 2) submit data on an Excel spreadsheet template; and, 3) submit using an XML schema (for advanced users).
- Authority to enter or submit data can be delegated by the responsible official to qualified individuals.
- Data submitted through eDMR transfers to SWIMS nightly, and a Preliminary Compliance Review is emailed to the permit holder the next day.
- 100% of permit holders use eDMR.
- Data errors due to SWIMware and hardcopy complexity are virtually eliminated.

USEPA completed a Case Study to publicize Ohio's eDMR success. Ohio was asked to participate in a DMR mentoring program sponsored by USEPA. Much of the success of the eDMR system is attributable to a well-executed plan for outreach, communications, and training.

B. DIVISION OF AIR POLLUTION CONTROL

Roles and Responsibilities

Local Air Agencies (please see www.epa.ohio.gov/dapc/general/dolaa.aspx) – contractual agents to Ohio EPA performing duties similar to those performed by the District Offices

Ohio Attorney General's Office – legal guidance and enforcement of Ohio's laws and regulations

Ohio Department of Health – oversight of certain asbestos-related issues and provide assistance on other community health-related matters

Local Agencies Included and Excluded From Review

All Local Air Agencies assist the Ohio EPA in attempting to meet the Compliance Monitoring Strategy (CMS) in any given federal fiscal year

Whether a Local Air Agency is included in a review is dependent on the facilities selected by the U. S. EPA for the review

This year's review included the following Local Air Agencies:

Akron Regional Air Quality Management District, Cleveland Division of Air Quality, Mahoning-Trumbull Air Pollution Control Agency, Southwest Ohio Air Quality Agency, and Toledo Division of Environmental Services

Resources

Approximately 50 FTEs statewide (depending on vacancies) - [469 High Profile Facility (Title V and Synthetic Minor Facilities) full compliance evaluations are scheduled for FFY 2013]

District Office and Local Air Agency inspectors may also write permits, investigate complaints, and perform outreach activities in addition to their compliance/enforcement duties

Ohio EPA has three in-house attorneys who work directly with Ohio EPA's Division of Air Pollution Control

Ohio EPA's Division of Air Pollution Control has employed contractors associated with the development of the Division's electronic permitting system that will also serve to track compliance and enforcement functions

Staffing and Training

The division's enforcement component is fully staffed. All new staff members receive appropriate training, based on assigned job duties. Additional training is provided annually or as needed to ensure staff members are able to meet performance expectations of the division.

The Office of Employee Services provides assistance to Ohio EPA administrators, Agency staff and the general public on matters regarding Civil Service laws and rules, discipline, employment, benefits, recruitment, position descriptions and personnel policies. The office maintains current employment information, posts available positions with the state's career opportunity website and collects and screens employment applications submitted to the Agency. Careers at Ohio EPA range from engineers, biologists, geologists, chemists, toxicologists and environmental scientists to economists, accountants, attorneys, communications and public policy specialists.

Please see <http://www.epa.state.oh.us/oes/home.aspx>

Data Reporting Systems and Architecture

Ohio EPA's Compliance and Enforcement Tracking Application (CETA) computer program is used to demonstrate adherence to the requirements of the CMS and update multiple State and federal databases, tracks enforcement and compliance activities at all regulated facilities in Ohio. This application was developed initially in 2002 and implemented in December of 2002, as a FoxPro windows application and underwent extensive modification in 2004-2005. CETA was implemented in December of 2005 as Intranet Web-based application. CETA is updated whenever an event occurs, (i.e. a full compliance evaluation is completed, a stack test is witnessed, a complaint is investigated, a notice of violation is issued, or an enforcement action is created or resolved). The data entered into CETA are batch uploaded to AFS on a monthly basis.

C. DIVISION OF MATERIALS AND WASTE MANAGEMENT

Roles and Responsibilities

The Division of Materials and Waste Management (DMWM) ensures that hazardous and non-hazardous wastes are managed in accordance with the applicable regulations. DMWM administers and enforces both the RCRA Subtitle C and D programs. In addition to a traditional regulatory program, the division's responsibilities include establishing and implementing statewide waste reduction, recycling, recycling market development and litter prevention programs for non-hazardous wastes. Regulations are in development to encourage the beneficial use of industrial byproducts to preserve

resources, conserve energy and reduce the need for additional landfills. The division also oversees state and local planning for long-term solid waste management.

Local Agencies Included and Excluded From Review

Not applicable.

DMWM Resources

Ohio EPA's Central Office is located in Columbus. Five district offices manage the Agency's programs at the local level. They are located in Bowling Green, Twinsburg, Dayton, Columbus and Logan. The district offices review permit applications; investigate citizen complaints; investigate and oversee cleanups of spills and releases; monitor compliance with environmental standards; provide technical assistance to help regulated facilities understand and comply with environmental laws and permit requirements; initiate enforcement action against facilities that are not in compliance; provide environmental information and other assistance to the public; coordinate public records requests; and give public presentations.

DMWM maintains managers, technical assistance staff, enforcement staff, and support staff in five district offices around the state, as well as in the central office, to carry out the responsibilities of the hazardous waste program. Additionally, DMWM funds attorney positions in central office for legal support on compliance and enforcement activities, as well as the Ohio Attorney General's Office. Following are the staffing totals for each office.

OFFICE	# OF INSPECTORS	OTHER STAFF	TOTAL	NOTES
CO (Columbus)	0	~26.5	~26.5	Other: includes management, technical assistance staff, enforcement staff, and support staff, dedicated either 100% to HW or up to ~ 50%
CDO (Columbus)	4.0	0.5	4.5	Other: 1 manager @ 50%
NEDO (Twinsburg)	12.0	3.5	15.5	Other: 2 supervisors @ 100%; 1 manager @ 50%; 2 support staff @ 50%
NWDO (Bowling Green)	10.0	2.0	12.0	Other: 1 supervisor @ 100%; 1 manager @ 50%; 1 support staff @ 50%
SEDO (Logan)	4.5	2.5	7.0	1 inspector @ 50% Other: 1 supervisor @ 100%; 1 manager @ 50%; 1 support staff @ 100%
SWDO (Dayton)	6.0	1.5	7.5	Other: 1 supervisor @ 100%; 1 manager @ 50%
LEGAL (Columbus)		2.5	2.5	2 FT attorneys and 1 PT attorney
TOTAL FTEs	36.5	39.0	75.5	

Staffing and Training

DMWM's hazardous waste program is not fully staffed at this time because of current vacancies in several offices. The totals above include three vacancies that will be filled as soon as possible. Other vacancies (not included above) have already been removed from DMWM's table of organization because of budget limitations. The division anticipates at least three more vacancies in the near future (by the end of 2012) because of staff retiring. Some vacancies may not be filled because of limitations expected in the next biennium budget.

DMWM's internal process includes performing a needs assessment prior to making a recommendation for filling each vacancy. This assessment includes evaluation of current and anticipated workloads, priorities of the division and/or director, federal commitments, new initiatives, etc., and the division's ability to complete work with existing resources. Once a position is approved, DMWM follows the state of Ohio's established procedures for interviewing and hiring employees for state agencies. All new staff receive appropriate training, based on assigned job duties. Additional training is provided annually or as needed to ensure staff are able to meet performance expectations of the division.

Data Reporting Systems and Architecture

US EPA's RCRAInfo database is the system of record for DMWM's tracking of all hazardous waste compliance monitoring and enforcement data that the federal government requires. DMWM staff enter inspections, violations, enforcement actions, penalties, and Supplemental Environmental Projects (SEPs) directly into the system as the events occur.

Appendix F: SRF Correspondence



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

AUG 09 2012

REPLY TO THE ATTENTION OF:

Scott J. Nally
Director
Ohio Environmental Protection Agency
P.O. Box 1049
50 West Town Street, Suite 700
Columbus, Ohio 43216

Dear Mr. Nally:

The U.S. Environmental Protection Agency is initiating a State Review Framework (SRF) Round 3 review of the Ohio Environmental Protection Agency (OEPA) Clean Air Act Stationary Source and Resource Conservation and Recovery Act Subtitle C enforcement programs. In addition, we will be conducting an integrated SRF and Permit Quality review of the Clean Water Act National Pollutant Discharge Elimination System (NPDES) program.

These reviews enable EPA to ensure that agreed-upon minimum performance levels for enforcement are met by state and local agencies, and that NPDES program requirements are appropriately met in permit and other supporting documents. We will review inspection and enforcement activities from federal fiscal year (FFY) 2011 and renewing permits from FFY 2012 and 2013.

EPA will contact your staff to schedule a meeting to discuss expectations, procedures and a time line for the review. We will later send an analysis of data metrics and a list of selected facility files. Other documents used to evaluate the state's programs can be found on EPA's Online Tracking Information System (OTIS) website at <http://www.epa-otis.gov/otis/srf>.

We look forward to working with you on this project. If you have any questions, please contact me at (312) 886-3000 or Alan Walts, Director, Office of Enforcement and Compliance Assurance, at (312) 353-8894 or walts.alan@epa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "B Mathur".

Bharat Mathur
Deputy Regional Administrator



OEPA SRF Documents

Stephanie Cheaney to: cunningham.michael, vantil.barbara,
gunter.kenneth, coleman.james,
balasa.kate, Dee.rhiannon, 09/10/2012 02:57 PM
Cc: anderson.andrew

From: Stephanie Cheaney/R5/USEPA/US
To: cunningham.michael@epa.gov, vantil.barbara@epa.gov, gunter.kenneth@epa.gov,
coleman.james@epa.gov, balasa.kate@epa.gov, Dee.rhiannon@Epa.gov,
kuefler.patrick@epa.gov, Unger.louann@Epa.gov, Hair.david@Epa.gov,
Cc: anderson.andrew@epa.gov

Hello All,

As a follow-up to the OEPA SRF Kick-Off Meeting, here are the updated electronic versions of the Contact List, Data Metric Analysis (DMA), and File Lists.

Please review and provide any changes.



OEPA SRF Contacts List.xlsx OEPA DMA.xlsx OEPA File Selection.xlsx

As a reminder, EPA staff will be conducting file reviews on the following dates:

- CWA PQR - October 22-24
- CWA SRF - October 15-17
- RCRA - October 15-17
- CAA - October 22-24

Please let me know if you have any questions or concerns.

Thank you

Stephanie L. Cheaney

State Review Framework Coordinator and Analyst
Environmental Protection Agency - Region 5
Office of Enforcement and Compliance Assurance
Phone: 312-886-3509
cheaney.stephanie@epa.gov



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

JUN 06 2013

REPLY TO THE ATTENTION OF:

Scott J. Nally
Director
Ohio Environmental Protection Agency
P.O. Box 1049
50 West Town Street, Suite 700
Columbus, Ohio 43216

Dear Mr. Nally:

U.S. Environmental Protection Agency worked with the Ohio Environmental Protection Agency (OEPA) to conduct a review of OEPA's Clean Air Act Stationary Source, Clean Water Act National Pollutant Discharge Elimination System, and Resource Conservation and Recovery Act Subtitle C hazardous waste enforcement programs.

Enclosed is a draft Enforcement Review Report that lists our detailed findings. We request you to review the report and provide OEPA's formal response comments to Alan Walts, of my staff, by Monday, July 8, 2013.

We will then prepare a final report that incorporates your comments. Please note: OEPA actions to resolve issues presented in our findings are expected within 60 days of the final report, unless otherwise noted.

We appreciate your cooperation in this effort. If you have any questions or issues, feel free to contact me at 312-886-3000; or your staff may contact Alan Walts at 312-353-8894 or walts.alan@epa.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "B. Mathur".

Bharat Mathur
Deputy Regional Administrator

Enclosures